



Lori A. Shibamoto
Commissioner

Heather M. Moquin
Chief Executive Officer

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NEW HAMPSHIRE HOSPITAL

36 CLINTON STREET, CONCORD, NH 03301
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August 11, 2021

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, New Hampshire Hospital, to enter into a **Retroactive, Sole Source** amendment to an existing contract with Concord Hospital, Inc. (VC#177653-B003), Concord, NH, to continue providing laboratory, pathology and employee health services, by increasing the price limitation by \$147,500 from \$1,780,000 to \$1,927,500 and extending the completion date from June 30, 2021 to December 31, 2021 effective upon Governor and Council approval for the period from July 1, 2021, through December 31, 2021. 3% Federal Funds. 35% General Funds 62% Other (Provider Fees).

The original contract was approved by Governor and Council on April 22, 2015, item #22. It was subsequently amended with Governor and Council approval on August 24, 2016, item #17, June 21, 2017, item # 47 and most recently amended with Governor and Council approval on April 17, 2019, item #17.

Funds are available in the following accounts for State Fiscal Year 2022, with the authority to adjust budget line items within the price limitation through the Budget Office, if needed and justified.

05-95-94-940010-87500000 HHS: NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, ACUTE PSYCHIATRIC SERVICES

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2015	101-500729	Medical Payments to Providers	94057300	\$129,000	\$0	\$129,000
2016	101-500729	Medical Payments to Providers	94057300	\$258,000	\$0	\$258,000
2017	101-500729	Medical Payments to Providers	94057300	\$258,000	\$0	\$258,000

2018	101-500729	Medical Payments to Providers	94057300	\$260,000	\$0	\$260,000
2019	101-500729	Medical Payments to Providers	94057300	\$270,000	\$0	\$270,000
2020	101-500729	Medical Payments to Providers	94057300	\$270,000	\$0	\$270,000
2021	101-500729	Medical Payments to Providers	94057300	\$280,000	\$0	\$280,000
2022	101-500729	Medical Payments to Providers	94057300	\$0	142,500	\$142,500
			<i>Subtotal</i>	<i>\$1,725,000</i>	<i>\$142,500</i>	<i>\$1,867,500</i>

05-95-90-90-902510-5084 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, PUBLIC HEALTH EMERGENCY PREPAREDNESS - EBOLA

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2017	102-500731	Contracts for Prog Svc	90027030	\$10,000	\$0	\$10,000
			<i>Subtotal</i>	<i>\$10,000</i>	<i>\$0</i>	<i>\$10,000</i>

05-95-90-903010-82800000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, BIOMONITORING GRANT

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2018	102-500731	Contracts for Prog Svc	90082801	\$10,000	\$0	\$10,000
2019	102-500731	Contracts for Prog Svc	90082801	\$5,000	\$0	\$5,000
2020	102-500731	Contracts for Prog Svc	90082801	\$5,000	\$0	\$5,000
2021	102-500731	Contracts for Prog Svc	90082801	\$5,000	\$0	\$5,000
2022	102-500731	Contracts for Prog Svc	90082801	\$0	\$2,500	\$2,500
			<i>Subtotal</i>	<i>\$25,000</i>	<i>\$2,500</i>	<i>\$27,500</i>

05-95-90-902510-75450000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, PUBLIC HEALTH EMERGENCY PREPAREDNESS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2018	102-500731	Contracts for Prog Svc	90077410	\$5,000	\$0	\$5,000
2019	102-500731	Contracts for Prog Svc	90077410	\$5,000	\$0	\$5,000
2020	102-500731	Contracts for Prog Svc	90077410	\$5,000	\$0	\$5,000
2021	102-500731	Contracts for Prog Svc	90077410	\$5,000	\$0	\$5,000
			<i>Subtotal</i>	\$20,000	\$0	\$20,000

05-95-90-903510-11140000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREP & RESPONSE, PUBLIC HEALTH EMERGENCY PREPAREDNESS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2022	102-500731	Contracts for Prog Svc	90077410	\$0	\$2,500	\$2,500
			<i>Subtotal</i>	\$0	\$2,500	\$2,500
			Total	\$1,780,000	\$147,500	\$1,927,500

EXPLANATION

This request is **Retroactive** because the executed documents were not received from the vendor in time for submission to the Governor and Executive Council prior to the contract completion date. This request is **Sole Source** because the Department is requesting to extend contract services and no renewal options remain. The Department is requesting this sole source extension to ensure that critical services provided under the current contract do not lapse. Due to the volume of admissions per year of patients with both psychiatric and co-existing medical conditions coupled with the need to provide job-related testing to employees, services provided cannot lapse. The Department will be pursuing a new solicitation for these services in State Fiscal Year 2022.

The purpose of this request is to continue providing Laboratory and Pathology Services, which include autopsy services, routine testing of blood samples and special testing of blood samples to detect diseases and other medical problems that affect the health of New Hampshire Hospital's patients. Patients at New Hampshire Hospital require the unique and specific laboratory tests that are required prior to prescriptions of psychoactive medicines and the ongoing monitoring of blood levels of these medicines, which is necessary part of treatment for mental illness. In order to provide quality patient care of these required services need to be fast and efficient.

Employee Health Services are essential to remaining compliant with the American with Disabilities Act reducing the high cost of workers' compensation claims for conditions such as repetitive motion syndrome, stress related illnesses and lifting injuries involving backs, shoulders, and knees and screening for communicable diseases/recognized illnesses such as Hepatitis B, Mumps and drug resistant Tuberculosis.

The services of this contract will serve clients at New Hampshire Hospital. Approximately 372 individuals will be served from June 30, 2021 to December 31, 2021.

The Contractor provides all pathology and laboratory services, which include laboratory services referenced, that meet the requirements of The Joint Commission, the Clinical Laboratory Improvement Act of 1988 (CLIA), as amended, and other applicable accrediting bodies.

Should the Governor and Council not authorize this request the health risks of some Department employees may be increased and services necessary for patients at New Hampshire Hospital may not be available, which could delay treatment.

Area served: Statewide and the New Hampshire Hospital population

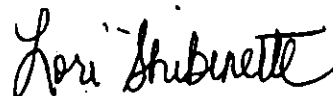
Source of Funds: Source of Funds: 35% General Funds, 62% Other (Provider Fees) and 3% Federal Funds

CFDA #93.070, FAIN #NU88EH001327

CFDA 93.069 FAIN NH90TP922018

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

Respectfully submitted,



Lori A. Shibinette
Commissioner

**State of New Hampshire
Department of Health and Human Services
Amendment #4**

This Amendment to the Laboratory and Pathology Services and Employee Health Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Concord Hospital, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on April 22, 2015 (Item #22), as amended on August 24, 2016 (Item #17), June 21, 2017 (Item #47) and April 17, 2019 (Item #17) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; 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:
December 31, 2021.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$1,927,500
3. Modify Exhibit B-3, Amendment #3, Laboratory Fee Schedule by replacing in its entirety with Exhibit B-3, Amendment #4, Laboratory Fee Schedule, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B-4, Amendment #3, Occupational Health Services and Costs, by replacing in its entirety with Exhibit B-4, Amendment #4, Occupational Health Services and Costs, which is attached hereto and incorporated by reference herein.

DS
SWS

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 retroactively to July 1, 2021, subject to 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

8/5/2021

Date

DocuSigned by:

Heather M. Moquin

48AF8C8C73B94D2

Name: Heather M. Moquin

Title: 8/5/2021

Concord Hospital, Inc.

8/4/2021

Date

DocuSigned by:

Scott W. Sloane

AD9F515EB8CA42B

Name: Scott W. Sloane

Title: Chief Financial Officer

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

OFFICE OF THE ATTORNEY GENERAL

8/5/2021

Date

DocuSigned by:

Takhmina Rakhmatova

Name: Takhmina Rakhmatova

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:

**Exhibit B-3, Amendment #4
Laboratory Fee Schedule**

LONG DESCRIPTION	Price SFY2020, 2021 and 2022	
	CDM	CPT
88161 AP Bill Cytopath, Smears Prep, Screen, Interpretation	7520377	88161 \$ 24.50
88162 AP Bill Cytopath, Smear, Extended Study	7520378	88162 \$ 32.01
88300 AP Bill Surgical Pathology Level I Complexity	2300	88300 \$ 16.40
88302 AP Bill Surgical Pathology Level II Complexity	2302	88302 \$ 36.10
88304 AP Bill Surgical Pathology Level III Complexity	2304	88304 \$ 43.30
88305 AP Bill Surgical Pathology Level IV Complexity	2305	88305 \$ 56.10
88305 AP Bill Surgical Pathology Level IV Prostate Only	7797410	88305 \$ 56.10
88307 AP Bill Surgical Pathology Level V Complexity	2307	88307 \$ 112.40
88309 AP Bill Surgical Pathology Level VI Complexity	2309	88309 \$ 154.90
88311 AP Bill Decalcification	295360	88311 \$ 5.14
88312 AP Bill Special Stains Group I	2312	88312 \$ 10.20
88341 AP Bill Surg IPX (Add'l Antibody)	2960	88341 \$ 35.20
88342 AP Bill Surg IPX (First Antibody)	2960	88342 \$ 35.20
88360 AP Bill ER/PR/Her2neu	2965	88360 \$ 49.18
Acetaminophen Level	1503764	G0480 \$ 7.70
Acute Hepatitis Panel	633756	80074 \$ 54.50
aHepA	7516612	86708 \$ 14.50
aHepARflx	7516613	86708 \$ 14.48
aHepBs	1628908	86706 \$ 12.60
Alanine Aminotransferase	633632	84460 \$ 6.20
Albumin Level	1620877	82040 \$ 5.80
Alcohol Level	1503765	G0480 \$ 12.60
Alcohol Level, Urine	7516545	G0480 \$ 14.80
Alkaline Phosphatase	1620878	84075 \$ 6.10
Ammonia Level	1628880	82140 \$ 17.00
Amylase Level	631567	82150 \$ 7.60
Amylase Level, Urine Random	4185033	82150 \$ 7.60
Anti-Nuclear Antibodies Screen with Reflex	633655	86038 \$ 14.10
Aripipazole and Metabolite Levels-ARUP	7528042	80342 \$ 56.70
Arsenic Blood-ARUP	7527524	82175 \$ 37.03
Arsenic Urine w/ Reflex to Fractionated-ARUP	7527516	82175 \$ 37.03
Aspartate Aminotransferase	633633	84450 \$ 6.10
B2glycoprotein 1 IgG, IgM, IgA Antibodies-ARUP	7527490	86146 \$ 20.02
Basic Metabolic Panel	633628	80048 \$ 9.90
Bilirubin Level, Body Fluid	4185575	82247 \$ 3.80
Bilirubin, Direct	4240528	82248 \$ 5.90
Bilirubin, Total	7516686	82247 \$ 5.90
Blood Urea Nitrogen	633605	84520 \$ 4.60
Borrelia burgdorferi C6 Acute Panel-ARUP	7583158	86618 \$ 64.68
C. trachomatis (TMA)	7520792	87491 \$ 30.00
C. trachomatis (TMA)	7520798	87491 \$ 30.00
Calcium Level, 24 Hour Urine	633687	82340 \$ 7.10
Calcium Level, Total	1628887	82310 \$ 6.00
Calcium Level, Urine Random	4185058	82310 \$ 7.10
Cancer Antigen 125	4240559	86304 \$ 24.30
Carbamazepine Level	4123321	80156 \$ 12.50
Carbon Dioxide (CO2)	633667	82374 \$ 5.00
Carcinoembryonic Antigen	633697	82378 \$ 19.40
Ceruloplasmin-ARUP	7527291	82390 \$ 25.00
Chloride Level	633621	82435 \$ 5.40
Chloride Level, Urine Random	4185628	82436 \$ 4.90
Cholesterol Level, Body Fluid	4185611	84999 \$ 3.80

Exhibit B-3, Amendment #4
Laboratory Fee Schedule

Cholesterol Total	633705	82465	\$	5.10
CK	7044214	82550	\$	7.60
Clomipramine and Metabolite, SP-ARUP	7527245	80335	\$	42.00
Clostridium difficile Toxin, PCR	7516568	87493	\$	13.40
Clozapine Level-ARUP	7527242	80159	\$	13.00
Complete Blood Count with Differential	633683	85025	\$	7.10
Complete Blood Count with Manual Differential	633682	85027	\$	5.71
Complete Blood Count without Differential	3798345	85027	\$	5.70
Comprehensive Metabolic Panel	633709	80053	\$	12.40
Cortisol	3352314	82533	\$	19.10
Cortisol AM	7516589	82533	\$	24.12
Cortisol Level, 30 Minute	3455080	82533	\$	19.05
Cortisol Level, 60 Minute	3455081	82533	\$	19.05
Cortisol PM	7516590	82533	\$	19.05
Cortisol, Baseline	633710	82533	\$	19.05
C-Reactive Protein	1628890	86140	\$	6.10
C-Reactive Protein High Sensitivity (CV Risk)	3454330	86141	\$	20.30
Creatine Kinase	633712	82550	\$	7.60
Creatine Kinase - MB Isoenzyme	633713	82553	\$	9.10
Creatinine Level, 24 Hour Urine	7516591	82570	\$	8.50
Creatinine Urine	7038212	82570	\$	3.20
Creatinine Urine, Random	1930782	82570	\$	6.05
Creatinine, Enzymatic	7516592	82565	\$	6.00
DDimer, Quantitative	3454398	85379	\$	13.82
Digoxin Level	1628891	80162	\$	15.50
Drugs of Abuse Screen, Urine Toxicology	3454403	80306	\$	20.40
Duloxetine Quantitative-ARUP	7529696	80332	\$	197.00
Electrolyte Panel	633610	80051	\$	7.20
Erythrocyte Sedimentation Rate	7516673	85652	\$	3.20
Escitalopram Quantitative-ARUP	7529702	80332	\$	164.00
Estradiol Level	3170319	82670	\$	32.70
Fecal Leukocytes	4123047	87205	\$	5.00
Fecal Occult Blood (Guaiac), Diagnostic	7520344	82272	\$	3.80
Fecal Occult Blood (Guaiac), Screening	633789	82270	\$	3.80
Ferritin	1628893	82728	\$	15.90
Fluoxetine and Metabolite Levels-ARUP	7526866	80332	\$	20.00
Fluphenazine Level-ARUP	7526863	80342	\$	61.30
Fluvoxamin Level-ARUP	7526860	80332	\$	121.00
Folate Level	1628894	82746	\$	17.20
Follicle Stimulating Hormone Level	3170314	83001	\$	21.70
Free Thyroxine Level	3170324	84439	\$	10.60
Free Triiodothyronine Level	3170323	84481	\$	11.80
Gabapentin Level-ARUP	7526837	80171	\$	20.00
GGT(Gamma Glutamyl Transferase)	1628895	82977	\$	7.40
Glucose Level	633594	82947	\$	4.50
Glucose, Urine Random	4186827	81003	\$	2.00
Haloperidol Level-ARUP	7526772	80173	\$	27.70
Haptoglobin-ARUP	7526769	83010	\$	14.71
HCG Qualitative Urine	633664	81025	\$	7.40
HCG, Beta Qualitative, Serum	633663	84703	\$	8.80
HCG, Beta Quantitative, Serum	633665	84702	\$	15.40
HCV Genotyping by PCR and Sequencing-ARUP	7526766	87902	\$	88.00
HDL	3170344	83718	\$	8.40
Heavy Metals Panel 3 Urine with Reflex-ARUP	7526756	82175	\$	37.03

**Exhibit B-3, Amendment #4
Laboratory Fee Schedule**

Heavy Metals Panel 3, Blood-ARUP	7526753	82175	\$	37.03
Heavy Metals Panel 4, Blood-ARUP	7838426	82175	\$	37.03
Hematocrit	633742	85014	\$	2.80
Hematocrit	1635636	85014	\$	2.80
Hemoglobin	633741	85018	\$	2.80
Hemoglobin	1635635	85018	\$	2.80
Hemoglobin A1c (Glycosylated)	1383763	83036	\$	11.30
Hepatic (Liver) Function Panel - LFTs	633744	80076	\$	9.60
Hepatitis A Antibody, IgM	1628904	86709	\$	42.00
Hepatitis B Core Antibody, IgM (Acute)	1628907	86705	\$	13.80
Hepatitis B Core Antibody, Total (IgM and IgG)	1628905	86704	\$	14.10
Hepatitis B Core Antibody, with Reflex to IgM	7516615	86704	\$	14.10
Hepatitis B Surface Antigen	633752	87340	\$	12.10
Hepatitis B Surface Antigen, Confirmatory	7516616	87341	\$	12.10
Hepatitis C Antibody	7777213	86803	\$	15.60
Hepatitis C Antibody, Total with Reflex to Quantitative NAAT	1628911	86803	\$	15.60
Hepatitis C Virus by Quantitative NAAT with Reflex to HCV Genotype by Sequenc	7839384	87522	\$	88.00
HIV Ag/Ab	633757	87389	\$	18.40
HSV 1 and/or 2 Abs, IgM by ELISA-ARUP	7526564	86694	\$	12.32
HSV 1,2 IgG, IgM Abs-ARUP	7526573	86694	\$	12.32
HSV 1/2 IgG, IgM Ab Reflex-ARUP	7526570	86694	\$	12.32
Infectious Mononucleosis Screen	633785	86308	\$	6.10
Influenza Panel, Polymerase Chain Reaction	7516625	87502	\$	116.00
Influenza/Respiratory Syncytial Virus PCR Combo	7533188	87631	\$	174.00
Insulin Level, Fasting	3454335	83525	\$	25.50
Iron Level	633765	83540	\$	7.60
Iron Level	7050169	83540	\$	7.60
Lactate Dehydrogenase	633770	83615	\$	7.10
Lamotrigine Level-ARUP	7526438	80175	\$	11.80
LDL, Direct	3170346	83721	\$	12.96
Lead, Whole Blood Venous-ARUP	7526425	83655	\$	14.20
Lipase Level	633776	83690	\$	8.10
Lipase Level, Body Fluid	3454337	83690	\$	9.70
Lipid Pnl	633777	80061	\$	15.70
Lithium Level	2046348	80178	\$	5.70
Lupus Anticoagulant Reflexive Panel-ARUP	7526373	85610	\$	6.02
Luteinizing Hormone	4240834	83002	\$	21.60
Lyme	7516636	86618	\$	23.12
Magnesium Level	633781	83735	\$	6.90
Mercury Blood-ARUP	7526293	83825	\$	30.90
Microalbumin Level, Urine Random	7516639	82043	\$	6.30
Mumps Screen, IgG	3454449	86735	\$	25.50
N. gonorrhoeae (TMA)	7520793	87591	\$	30.00
N. gonorrhoeae (TMA)	7520795	87591	\$	30.00
N. gonorrhoeae (TMA)	7520799	87591	\$	30.00
Norovirus GI PCR	7533375	87798	\$	68.75
Norovirus GII PCR	7647876	87798	\$	68.75
Nortriptyline Level-ARUP	7526152	80335	\$	14.78
N-Terminal Pro B-Type Natriuretic Peptide	1503769	83880	\$	39.70
Olanzapine Level-ARUP	7526143	80342	\$	70.80
Opiates Quantitative, Urine-ARUP	7526115	80361	\$	22.00
Osmolality, 24 Hour Urine	7516652	83935	\$	8.00
Osmolality, Serum	4186066	83930	\$	7.70
Osmolality, Urine Random	4186098	83935	\$	8.00

Exhibit B-3, Amendment #4
Laboratory Fee Schedule

Oxcarb or Eslicarb Metabolite (MHD)-ARUP	7526059	80183	\$	24.60
Paliperidone Level-ARUP	7529745	80342	\$	25.70
Paroxetine Quantitation-ARUP	7526045	80332	\$	111.10
Partial Thromboplastin Time	633794	85730	\$	7.00
Perphenazine Level-ARUP	7529756	80342	\$	61.30
pH, Urine Random	7516658	81003	\$	2.04
Phenobarbital Level-ARUP	7526036	80184	\$	13.40
Phenytoin Level	633801	80185	\$	15.50
Phosphorus Level	633803	84100	\$	5.50
Platelet Count	2182297	85049	\$	4.57
Potassium Level	633616	84132	\$	4.70
Potassium Level, 24 Hour Urine	633618	84133	\$	5.00
Potassium Level, Urine Random	4185373	84133	\$	4.90
Prealbumin, Serum	3454341	84134	\$	17.00
Primidone and Metabolite-ARUP	7525948	80188	\$	15.40
Progesterone Level	3454459	84144	\$	24.40
Prolactin	3170316	84146	\$	19.80
Prostate Specific Antigen, Diagnostic	1634882	84153	\$	17.00
Prostate Specific Antigen, Screening	4123035	84153	\$	17.00
Protein, Total, 24 Hour Urine	633811	84156	\$	4.20
Protein, Total, Urine Random	4186691	84156	\$	4.20
Prothrombin Time and INR	633793	85610	\$	4.60
PTH-INT	7516654	83970	\$	56.06
Quantiferon TB Gold Plus-ARUP	7525885	86480	\$	49.50
Quetiapine Level-ARUP	7529083	80342	\$	124.30
Renal Function Panel	1634883	80069	\$	10.10
Resp Pnl PCR	7516665	87633	\$	509.40
Reticulocyte Count with Immature Reticulocyte Fraction	3454466	85046	\$	4.70
Rheumatoid Factor	3454344	86431	\$	6.60
Risperidone and Metabolite S/P-ARUP	7528140	80342	\$	100.00
Rubella Immune Status	7516671	86762	\$	16.30
Rubeola Immune Status	7516672	86765	\$	15.10
Salicylate Level	1503768	G0480	\$	8.20
Sertraline Level-ARUP	7525815	80332	\$	61.00
Sodium Level	633611	84295	\$	5.40
Sodium Level, 24 Hour Urine	633613	84300	\$	5.70
Sodium Level, Urine Random	4185817	84300	\$	5.70
Specific Gravity, Urine Random	4126646	81003	\$	2.04
Streptococcus Group A Antigen	7516679	87880	\$	10.20
Streptococcus Group A Antigen with Reflex to Group A Streptococcus Culture	7516678	87880	\$	10.20
Syphilis Ab Screen w/Reflex	7532096	86780	\$	5.00
T3 Uptake	7516680	84479	\$	6.70
Testosterone Total	7516681	84403	\$	30.20
Theophylline Level	1634886	80198	\$	16.50
Thiothixene Level-ARUP	7529793	80342	\$	32.50
Thyroid Peroxidase Antibody	3454483	86376	\$	22.00
Thyroid Stimulating Hormone	633844	84443	\$	14.40
Thyroid Stimulating Hormone with Reflex to Free Thyroxine	7516689	84443	\$	14.40
Thyroxine (T4), Total Level	633845	84436	\$	6.70
TIBC	7050172	83550	\$	10.20
Topiramate Level-ARUP	7525680	80201	\$	39.50
Trazodone Level-ARUP	7525660	80332	\$	51.00
Trichomonas vaginalis, Endocerv.	7520785	87661	\$	30.00
Trichomonas vaginalis, Vaginal	7516688	87661	\$	30.00

Exhibit B-3, Amendment #4
Laboratory Fee Schedule

Trig	633852	84478	\$	6.70
Triglycerides, Body Fluid	3454355	84478	\$	4.30
Triiodothyronine (T3), Total Level	633833	84480	\$	14.50
Troponin-I (Cardiac Marker)	1634892	84484	\$	11.50
Ur24 Microalb	3455400	82043	\$	6.30
Urea Nitrogen 24 Hour Urine	4186644	84540	\$	5.60
Urea Nitrogen, Urine Random	4186652	84540	\$	5.60
Uric Acid Level	633858	84550	\$	5.30
Urinalysis Macroscopic Only	633863	81003	\$	2.30
Urinalysis with Microscopic and Culture, If Indicated	1148021	81003	\$	2.30
Urinalysis with Microscopic, If Indicated	1148022	81003	\$	2.30
Urine Microscopic Only	633864	81015	\$	3.60
Valproic Acid Level	3170351	80164	\$	11.60
Vancomycin Level, Peak	1634896	80202	\$	154.00
Varicella Zoster IgG Antibody Screen	3454356	86787	\$	15.10
Venlafaxine and Metabolites-ARUP	7529862	80338	\$	56.70
Vitamin B12 Level	633871	82607	\$	14.00
Vitamin D 25 Hydroxy Level	4240407	82306	\$	15.30
White Blood Cell Count, with Absolute Neutrophil Count	633873	85048	\$	2.25
Acid Fast Bacilli Culture	4122762	87116	\$	12.60
Acid Fast Stain Report	634214	87206	\$	6.30
Blood Culture	4122800	87040	\$	12.10
Body Fluid Culture	4122803	87070	\$	10.10
Body Fluid Culture with Anaerobes	7532706	87070	\$	10.10
Bordetella Pertussis PCR and Culture	633885	87081	\$	12.24
Concord Urology Urine Culture	7520490	87086	\$	14.08
Dialysate Culture	7520491	87070	\$	-
Eye Culture	633892	87070	\$	10.10
Eye Culture with Anaerobes	7532709	87070	\$	10.10
Fungal Culture - Skin, Hair, Nail	4123005	87101	\$	9.80
Fungus Culture - Not Skin or Blood	7520482	87102	\$	9.80
Genital Culture	633894	87070	\$	10.10
Gram negative identification (Vitek)	297662	87077	\$	9.50
Gram Negative Sensitivity Panel (Vitek AST-GN70)	7538275	87186	\$	10.10
Gram positive identification (Vitek)	297663	87077	\$	9.50
Gram Positive Sensitivity Panel (Vitek AST-GP75)	7538593	87186	\$	10.10
Gram Stain Report	634217	87205	\$	5.00
KB Alpha Streptococcus	7538506	87184	\$	8.10
KB Beta Streptococcus	7538511	87184	\$	8.10
KB fosfomycin	7538489	87184	\$	8.10
KB Haemophilus	7538526	87184	\$	8.10
KB Minocycline	7538493	87184	\$	8.10
KB P aeruginosa	7538517	87184	\$	8.10
KB Pip/Taz	7538491	87184	\$	8.10
KB-In House Disks	7538462	87184	\$	8.10
Lower Respiratory Culture	7520487	87070	\$	10.10
Neisseria gonorrhoeae Culture	633895	87081	\$	6.70
Shiga toxin	7537803	87899	\$	14.00
Skin/Superficial Wound Culture	7520479	87070	\$	10.10
Staph Aureus Screen Culture	4616217	87081	\$	6.70
Stool Culture	633904	87046	\$	11.00
Strep Group A Culture	7520494	87081	\$	6.70
Tissue Culture	633906	87070	\$	10.10
Upper Respiratory Culture	7520493	87070	\$	10.10

Exhibit B-3, Amendment #4
Laboratory Fee Schedule

Urine Culture	4126493	87086	\$	7.50
VRE Culture	7520496	87081	\$	6.70
Wound Aspirate/Abscess Culture	633908	87070	\$	10.10
Wound Aspirate/Abscess Culture with Anaerobes	7532708	87070	\$	10.10
Yeast Culture - Not Skin or Blood	7520485	87102	\$	9.80
Yeast Culture - Skin, Hair, Nail	7520486	87101	\$	9.00
Yeast Sensitivity Panel (Vitek AST-YS05)	7538588	87186	\$	10.10

****PRICES BASED ON UTILIZATION. ANY TESTS NOT ON THIS
LIST WILL BILL AT LIST PRICE**

****Reflex testing may carry additional fees**

Laboratory and Pathology Services and Exhibit B-4, Amendment #4
Employee Health Services Occupational Health Services and Costs

Services	PRICE	
		SFY 2020, 2021 and 2022
OH-INJECTION		\$ 14.50
OH-FIT TESTING (IN HOUSE)		\$ 43.00
OH-CHEST CONTRACT PA&LAT /INTERP		\$ 166.30
OH-PRE-PLACEMENT PCE		\$ 55.00
S4(PT)-POST HIRE ASSESSMENT		\$ 55.00
OH-TUBERCULIN PROTEIN		\$ 7.50
OH-PRE-PLACEMENT SCREEN RN		\$ 45.00
OH-RABIES VACCINE		\$ 337.00
OH-RN DOCUMENT REVIEW		\$ 10.00
OH-HEPATITIS B VACCINE		\$ 56.00
OH-MEASLES-MUMPS-RUBELLA VACCINE		\$ 69.00
OH-VARICELLA VACCINE(CHICKEN POX)		\$ 123.00
OH DIPHT -PERTUS- TETNUS(ADACEL)		\$ 41.50
OH-VENIPUNCTURE		\$ 15.50
OH-TB TEST READ ONLY		\$0.00
OH-TB READ - EXTERNAL CLINIC		\$0.00
OH-LEVEL 1 EXAM with provider		\$ 40.00
OH-TB VACCINATION W/EXAM		\$ 9.00
OH-SPIROMETRY W/INTERPRETATION		\$ 60.00
OH-LEVEL 1 EXAM with provider - FACILITY		\$ 20.00
Drug Screen using NHH Medical Director		\$ 62.50
DOT PE W/ URINE		\$ 75.00
DOT DRUG SCREEN		\$ 62.50
Non-DOT PE		\$ 60.00
Non-DOT DRUG SCREEN		\$ 62.50
PRE-PLACEMENT LIFT		\$ 58.00
PRE-PLACEMENT RN		\$ 45.00
RN CLEARANCE		\$ 10.00
FIT TESTING		\$ 43.00
TB W/EXAM		\$ 16.20
TB W/O EXAM		\$ 21.70
URINE DIP		\$ 10.00
TdaP*		\$ 56.00
Td TOXOID*		\$ 47.50
HEPATITIS B*		\$ 70.50
INFLUENZA*		\$ 36.50
MMR*		\$ 83.50
RABIES*		\$ 351.50
VARICELLA*		\$ 137.50
VENIPUNCTURE		\$ 15.50
HEPATITIS B TITER		\$ 25.00
HIV		\$ 25.00
MEASLES TITER		\$ 25.00

Laboratory and Pathology Services and Exhibit B-4, Amendment #4
Employee Health Services Occupational Health Services and Costs

Services	PRICE	
		SFY 2020, 2021 and 2022
MUMPS TITER		\$ 25.00
RUBELLA TITER		\$ 20.11
RABIES TITER		\$ 91.25
VARICELLA TITER		\$ 25.00

DS
SWS

State of New Hampshire

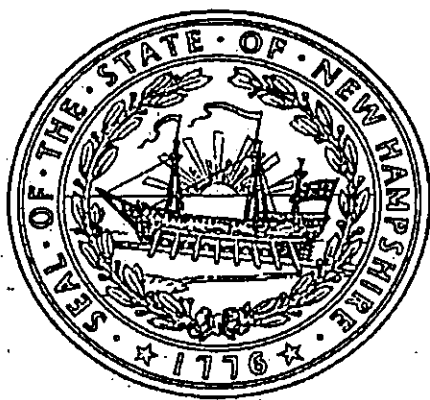
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that CONCORD HOSPITAL, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 29, 1985. 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: 74948

Certificate Number : 0005348709



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 1st day of April A.D. 2021.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

CERTIFICATE

I, William Chapman, Secretary of Concord Hospital, Inc. do hereby certify:

- 1) I maintain and have custody of and am familiar with the seal and minute books of the corporation;
- 2) I am authorized to issue certificates with respect to the contents of such books and to affix such seal to such certificates;
- 3) The following is a true and complete copy of the resolution adopted by the board of trustees of the corporation at a meeting of that board on March 21, 2005 which meeting was held in accordance with the law of the state of incorporation and the bylaws of the corporation:

The motion was made, seconded and the Board unanimously voted that the powers and duties of the President shall include the execution of all contracts and other legal documents on behalf of the corporation, unless some other person is specifically so designated by the Board, by law, or pursuant to the administrative policy addressing contract and expenditure approval levels.

- 4) the foregoing resolution is in full force and effect, unamended, as of the date hereof; and
- 5) the following persons lawfully occupy the offices indicated below:

Robert P. Steigmeyer, President
Scott W. Sloane, Chief Financial Officer

IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary of the Corporation this 13th day of July, 2021.

William Chapman
Secretary



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
12/30/2020

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 MARSH USA, INC. 99 HIGH STREET BOSTON, MA 02110 Attn: Boston.certrequest@Marsh.com	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS: FAX (A/C, No):														
CN107277064-CHS-gener-21-22															
INSURED CAPITAL REGION HEALTHCARE CORPORATION & CONCORD HOSPITAL, INC. ATTN: KATHY LAMONTAGNE, ADMINISTRATION 250 PLEASANT STREET CONCORD, NH 03301	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Granite Shield Insurance Exchange</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Granite Shield Insurance Exchange		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES **CERTIFICATE NUMBER:** NYC-010660600-04 **REVISION NUMBER: 3**

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

INSR LTR	TYPE OF INSURANCE	ADOL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			GSIE-PRIM-2021-101	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 12,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			GSIE-PRIM-2021-101	01/01/2021	01/01/2022	SEE ABOVE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Evidence of coverage for Concord Regional Visiting Nurse Association (CRVNA)

GENERAL LIABILITY AND PROFESSIONAL LIABILITY SHARE A COMBINED LIMIT OF 2,000,000/12,000,000. HOSPITAL PROFESSIONAL LIABILITY RETRO ACTIVE DATE 1/1/2005 EACH OCCURRENCE AND AGGREGATE LIMITS ARE SHARED AMONGST THE GRANITE SHIELD EXCHANGE HOSPITALS.

CERTIFICATE HOLDER
CANCELLATION

State of New Hampshire Dept. of Health & Human Services 129 Pleasant Street Concord, NH 03301	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 of Marsh USA Inc. Elizabeth Stapleton
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CAPIREG-01

AZIDOW



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 10/8/2020

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 License # 1780862 HUB International New England 275 US Route 1 Cumberland Foreside, ME 04110	CONTACT NAME: PHONE (A/C, No, Ext): (207) 829-3450 FAX (A/C, No): (207) 829-6350 E-MAIL: ADDRESS:												
INSURER(S) AFFORDING COVERAGE													
INSURED Capital Region Healthcare Corporation 250 Pleasant Street Concord, NH 03301	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER A: Hanover Insurance Company</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER B: Safety National Casualty Corporation</td> <td>22292</td> </tr> <tr> <td>INSURER C:</td> <td>15105</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER A: Hanover Insurance Company	NAIC #	INSURER B: Safety National Casualty Corporation	22292	INSURER C:	15105	INSURER D:		INSURER E:		INSURER F:	
INSURER A: Hanover Insurance Company	NAIC #												
INSURER B: Safety National Casualty Corporation	22292												
INSURER C:	15105												
INSURER D:													
INSURER E:													
INSURER F:													

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AWPH38382700	10/1/2020	10/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Worker's Comp			SP4063844	10/1/2020	10/1/2021	\$500,000 retention 1,000,000

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

CERTIFICATE HOLDER

 NH Department of Health and Human Services
 129 Pleasant Street
 Concord, NH 03301

CANCELLATION

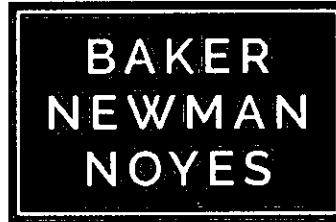
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Concord Hospital Mission Statement

Concord Hospital is a charitable organization
which exists to meet the health needs of individuals
within the communities it serves.

It is the established policy of Concord Hospital to provide services on the sole basis of the medical necessity of such services as determined by the medical staff without reference to race, color, ethnicity, national origin, sexual orientation, marital status, religion, age, gender, disability, or inability to pay for such services.



**Concord Hospital, Inc.
and Subsidiaries**

Audited Consolidated Financial Statements

*Years Ended September 30, 2020 and 2019
With Independent Auditors' Report*

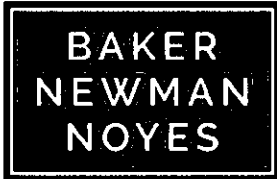
CONCORD HOSPITAL, INC. AND SUBSIDIARIES

Audited Consolidated Financial Statements

Years Ended September 30, 2020 and 2019

CONTENTS

Independent Auditors' Report	1
Audited Consolidated Financial Statements:	
Consolidated Balance Sheets	2
Consolidated Statements of Operations	4
Consolidated Statements of Changes in Net Assets	5
Consolidated Statements of Cash Flows	6
Notes to Consolidated Financial Statements	7



Baker Newman & Noyes LLC
MAINE | MASSACHUSETTS | NEW HAMPSHIRE
800.244.7444 | www.bnncpa.com

INDEPENDENT AUDITORS' REPORT

The Board of Trustees
Concord Hospital, Inc.

We have audited the accompanying consolidated financial statements of Concord Hospital, Inc. and Subsidiaries (the System), which comprise the consolidated balance sheets as of September 30, 2020 and 2019, the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the System as of September 30, 2020 and 2019, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Baker Newman & Noyes, LLC

Manchester, New Hampshire
December 11, 2020

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED BALANCE SHEETS

September 30, 2020 and 2019

ASSETS
(In thousands)

	<u>2020</u>	<u>2019</u>
Current assets:		
Cash and cash equivalents	\$ 29,342	\$ 6,404
Short-term investments	73,907	23,228
Accounts receivable	66,175	68,614
Due from affiliates	90	492
Supplies	2,871	2,396
Prepaid expenses and other current assets	<u>6,923</u>	<u>6,662</u>
Total current assets	179,308	107,796
Assets whose use is limited or restricted:		
Board designated	296,887	284,668
Funds held by trustee for workers' compensation reserves, self-insurance escrows and construction funds	18,000	38,141
Donor-restricted funds and restricted grants	<u>39,462</u>	<u>39,656</u>
Total assets whose use is limited or restricted	354,349	362,465
Other noncurrent assets:		
Due from affiliates, net of current portion	654	708
Other assets	<u>13,567</u>	<u>18,340</u>
Total other noncurrent assets	14,221	19,048
Property and equipment:		
Land and land improvements	6,332	6,338
Buildings	239,545	194,301
Equipment	255,660	244,834
Construction in progress	<u>12,075</u>	<u>38,734</u>
	513,612	484,207
Less accumulated depreciation	<u>(309,639)</u>	<u>(302,519)</u>
Net property and equipment	<u>203,973</u>	<u>181,688</u>
	<u>\$ 751,851</u>	<u>\$ 670,997</u>

LIABILITIES AND NET ASSETS

(In thousands)

	<u>2020</u>	<u>2019</u>
Current liabilities:		
Accounts payable and accrued expenses	\$ 34,569	\$ 34,354
Accrued compensation and related expenses	30,543	28,174
Accrual for estimated third-party payor settlements	48,392	34,569
Current portion of long-term debt	<u>5,186</u>	<u>7,385</u>
Total current liabilities	118,690	104,482
Long-term debt, net of current portion	116,555	120,713
Accrued pension and other long-term liabilities	<u>146,652</u>	<u>74,718</u>
Total liabilities	381,897	299,913
Net assets:		
Without donor restrictions	331,060	333,022
With donor restrictions	<u>38,894</u>	<u>38,062</u>
Total net assets	369,954	371,084
	<u>\$ 751,851</u>	<u>\$ 670,997</u>

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**CONSOLIDATED STATEMENTS OF OPERATIONS**

Years Ended September 30, 2020 and 2019
(In thousands)

	<u>2020</u>	<u>2019</u>
Revenue and other support without donor restrictions:		
Patient service revenue	\$455,512	\$486,272
Other revenue	48,612	21,887
Disproportionate share revenue	18,202	19,215
Net assets released from restrictions for operations	<u>1,983</u>	<u>1,453</u>
Total revenue and other support without donor restrictions	524,309	528,827
Operating expenses:		
Salaries and wages	245,681	250,359
Employee benefits	68,329	61,887
Supplies and other	109,783	106,095
Purchased services	34,943	32,865
Professional fees	7,722	7,681
Depreciation and amortization	24,355	26,150
Medicaid enhancement tax	22,572	22,442
Interest expense	<u>2,595</u>	<u>4,729</u>
Total operating expenses	<u>515,980</u>	<u>512,208</u>
Income from operations	8,329	16,619
Nonoperating income (loss):		
Gifts and bequests without donor restrictions	411	304
Investment income (loss) and other	10,056	(4,906)
Loss on extinguishment of long-term debt	(1,231)	—
Net periodic benefits cost, other than service cost	<u>(2,931)</u>	<u>(2,626)</u>
Total nonoperating income (loss)	<u>6,305</u>	<u>(7,228)</u>
Excess of revenues and nonoperating income (loss) over expenses	<u>\$ 14,634</u>	<u>\$ 9,391</u>

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS

Years Ended September 30, 2020 and 2019
(In thousands)

	<u>2020</u>	<u>2019</u>
Net assets without donor restrictions:		
Excess of revenues and nonoperating income (loss) over expenses	\$ 14,634	\$ 9,391
Net unrealized gains on investments	—	4,979
Net transfers from affiliates	(145)	388
Net assets released from restrictions used for purchases of property and equipment	61	188
Pension adjustment	<u>(16,512)</u>	<u>(49,984)</u>
Decrease in net assets without donor restrictions	(1,962)	(35,038)
Net assets with donor restrictions:		
Contributions and pledges with donor restrictions	2,079	1,912
Net investment gain (loss)	945	(103)
Contributions to affiliates and other community organizations	(210)	(186)
Unrealized gains (losses) on trusts administered by others	62	(147)
Net assets released from restrictions for operations	(1,983)	(1,453)
Net assets released from restrictions used for purchases of property and equipment	<u>(61)</u>	<u>(188)</u>
Increase (decrease) in net assets with donor restrictions	<u>832</u>	<u>(165)</u>
Decrease in net assets	(1,130)	(35,203)
Net assets, beginning of year	<u>371,084</u>	<u>406,287</u>
Net assets, end of year	<u>\$369,954</u>	<u>\$371,084</u>

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**CONSOLIDATED STATEMENTS OF CASH FLOWS**

Years Ended September 30, 2020 and 2019
(In thousands)

	<u>2020</u>	<u>2019</u>
Cash flows from operating activities:		
Decrease in net assets	\$ (1,130)	\$ (35,203)
Adjustments to reconcile decrease in net assets to net cash provided by operating activities:		
Contributions and pledges with donor restrictions	(2,079)	(1,912)
Depreciation and amortization	24,355	26,150
Net realized and unrealized (gains) losses on investments	(7,469)	5,483
Bond premium and issuance cost amortization	(356)	(368)
Equity in earnings of affiliates, net	(4,865)	(7,345)
Loss on disposal of property and equipment	33	35
Loss on extinguishment of long-term debt	1,231	-
Pension adjustment	16,512	49,984
Changes in operating assets and liabilities:		
Accounts receivable	2,439	1,647
Supplies, prepaid expenses and other current assets	(736)	(1,717)
Other assets	5,758	(4,087)
Due from affiliates	456	227
Accounts payable and accrued expenses	6,228	(8,826)
Accrued compensation and related expenses	2,369	1,528
Accrual for estimated third-party payor settlements	13,823	(809)
Accrued pension and other long-term liabilities	<u>55,422</u>	<u>(23,568)</u>
Net cash provided by operating activities	111,991	1,219
Cash flows from investing activities:		
Increase in property and equipment, net	(53,596)	(31,698)
Purchases of investments	(132,901)	(43,333)
Proceeds from sales of investments	95,541	76,304
Equity distributions from affiliates	<u>3,813</u>	<u>6,309</u>
Net cash (used) provided by investing activities	(87,143)	7,582
Cash flows from financing activities:		
Payments on long-term debt	(52,800)	(9,058)
Proceeds from issuance of long-term debt	49,102	-
Bond issuance costs	(256)	-
Contributions and pledges with donor restrictions	<u>2,044</u>	<u>1,970</u>
Net cash used by financing activities	<u>(1,910)</u>	<u>(7,088)</u>
Net increase in cash and cash equivalents	22,938	1,713
Cash and cash equivalents at beginning of year	<u>6,404</u>	<u>4,691</u>
Cash and cash equivalents at end of year	<u>\$ 29,342</u>	<u>\$ 6,404</u>

Supplemental disclosure:

At September 30, 2019, amounts totaling \$6,990 related to the purchase of property and equipment were included in accounts payable and accrued expenses.

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2020 and 2019
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies

Organization

Concord Hospital, Inc., (the Hospital) located in Concord, New Hampshire, is a not-for-profit acute care hospital. The Hospital provides inpatient, outpatient, emergency care and physician services for residents within its geographic region. Admitting physicians are primarily practitioners in the local area. The Hospital is controlled by Capital Region Health Care Corporation (CRHC).

In 1985, the then Concord Hospital underwent a corporate reorganization in which it was renamed and became CRHC. At the same time, the Hospital was formed as a new entity. All assets and liabilities of the former hospital, now CRHC, with the exception of its endowments and restricted funds, were conveyed to the new entity. The endowments were held by CRHC for the benefit of the Hospital, which is the true party in interest. Effective October 1, 1999, CRHC transferred these funds to the Hospital.

In March 2009, the Hospital created The Concord Hospital Trust (the Trust), a separately incorporated, not-for-profit organization to serve as the Hospital's philanthropic arm. In establishing the Trust, the Hospital transferred philanthropic funds with donor restrictions, including board designated funds, endowments, indigent care funds and specific purpose funds, to the newly formed organization together with the stewardship responsibility to direct monies available to support the Hospital's charitable mission and reflect the specific intentions of the donors who made these gifts. Concord Hospital and the Trust constitute the Obligated Group at September 30, 2020 and 2019 to certain debt described in Note 6.

Subsidiaries of the Hospital include:

Capital Region Health Care Development Corporation (CRHCDC) is a not-for-profit real estate corporation that owns and operates medical office buildings and other properties.

Capital Region Health Ventures Corporation (CRHVC) is a not-for-profit corporation that engages in health care delivery partnerships and joint ventures. It operates ambulatory surgery and diagnostic facilities independently and in cooperation with other entities.

NH Cares ACO, LLC (NHC) is a single member limited liability company that engages in providing medical services to Medicare beneficiaries as an accountable care organization. NHC has a perpetual life and is subject to termination in certain events.

The Hospital, its subsidiaries and the Trust are collectively referred to as the System. The consolidated financial statements include the accounts of the Hospital, the Trust, CRHCDC, CRHVC and NHC. All significant intercompany balances and transactions have been eliminated in consolidation.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2020 and 2019
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Concentration of Credit Risk

Financial instruments which subject the Hospital to credit risk consist primarily of cash equivalents, accounts receivable and investments. The risk with respect to cash equivalents is minimized by the Hospital's policy of investing in financial instruments with short-term maturities issued by highly rated financial institutions. The Hospital's accounts receivable are primarily due from third-party payors and amounts are presented net of expected explicit and implicit price concessions, including estimated implicit price concessions from uninsured patients. The Hospital's investment portfolio consists of diversified investments, which are subject to market risk. The Hospital's investment in one fund, the Vanguard Institutional Index Fund, exceeded 10% of total Hospital investments as of September 30, 2020 and 2019.

Cash and Cash Equivalents

Cash and cash equivalents include money market funds with original maturities of three months or less, excluding assets whose use is limited or restricted.

The Hospital maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Hospital has not experienced any losses on such accounts.

Supplies

Supplies are carried at the lower of cost, determined on a weighted-average method, or net realizable value.

Assets Whose Use is Limited or Restricted

Assets whose use is limited or restricted include assets held by trustees for workers' compensation reserves, self-insurance escrows, construction funds, designated assets set aside by the Board of Trustees (over which the Board retains control and may, at its discretion, subsequently use for other purposes), and donor-restricted investments.

Investments and Investment Income

Investments are carried at fair value in the accompanying consolidated balance sheets. For 2020, investment income (including realized gains and losses on investments, interest and dividends) and the net change in unrealized gains and losses on investments are included in the excess of revenues and nonoperating income over expenses in the accompanying consolidated statements of operations, unless the income or loss is restricted by donor or law. The change in net unrealized gains and losses on investments in 2019 (prior to the effective date of Accounting Standards Update (ASU) 2016-01 as discussed within the "Recent Accounting Pronouncements" section of Note 1) is reported as a separate component of the change in net assets without donor restrictions, except declines that are determined by management to be other than temporary, which are reported as an impairment charge (included in the excess of revenues and nonoperating income over expenses). No such losses were recorded in 2019.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2020 and 2019
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Beneficial Interest in Perpetual Trusts

The System has an irrevocable right to receive income earned on certain trust assets established for its benefit. Distributions received by the System are without donor restrictions. The System's interest in the fair value of the trust assets is included in assets whose use is limited or restricted and as net assets with donor restrictions. Changes in the fair value of beneficial trust assets are reported as increases or decreases to net assets with donor restrictions.

Investment Policies

The System's investment policies provide guidance for the prudent and skillful management of invested assets with the objective of preserving capital and maximizing returns. The invested assets include endowment, specific purpose and board designated funds.

Endowment funds are identified as perpetual in nature, intended to provide support for current or future operations and other purposes identified by the donor. These funds are managed with disciplined longer-term investment objectives and strategies designed to accommodate relevant, reasonable, or probable events.

Specific purpose funds are temporary in nature, restricted as to time or purpose as identified by the donor or grantor. These funds have various intermediate/long-term time horizons associated with specific identified spending objectives.

Board designated funds have various intermediate/long-term time horizons associated with specific spending objectives as determined by the Board of Trustees.

Management of these assets is designed to increase, with minimum risk, the inflation adjusted principal and income of the endowment funds over the long term. The System targets a diversified asset allocation that places emphasis on achieving its long-term return objectives within prudent risk constraints.

Spending Policy for Appropriation of Assets for Expenditure

In accordance with the *Uniform Prudent Management of Institutional Funds Act* (UPMIFA), the System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (a) the duration and preservation of the fund; (b) the purpose of the organization and the donor-restricted endowment fund; (c) general economic conditions; (d) the possible effect of inflation and deflation; (e) the expected total return from income and the appreciation of investments; (f) other resources of the organization; and (g) the investment policies of the organization.

Spending policies may be adopted by the System, from time to time, to provide a stream of funding for the support of key programs. The spending policies are structured in a manner to ensure that the purchasing power of the assets is maintained while providing the desired level of annual funding to the programs. The System has a current spending policy on various funds currently equivalent to 5% of twelve-quarter moving average of the funds' total market value.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2020 and 2019
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Accounts Receivable

For accounts receivable resulting from revenue recognized prior to October 1, 2019, an allowance for doubtful accounts was established to reduce the carrying value of such receivables to their estimated net realizable value. Generally, this allowance was estimated based on the aging of accounts receivable, historical collection experience and other factors. Under the provisions of Financial Accounting Standards Board (FASB) ASU No. 2014-09, *Revenue from Contracts with Customers*, which the System adopted effective October 1, 2019 using the full retrospective method, when an unconditional right to payment exists, subject only to the passage of time, the right is treated as a receivable. Patient accounts receivable for which the unconditional right to payment exists are receivables if the right to consideration is unconditional and only the passage of time is required before payment of that consideration is due. As a result of the full retrospective method adoption of ASU No. 2014-09, accounts receivable at September 30, 2020 and 2019 reflect the fact that any estimated uncollectible amounts are generally considered implicit price concessions that are a direct reduction to accounts receivable rather than allowance for doubtful accounts. At September 30, 2020 and 2019, estimated implicit price concessions of \$14,072 and \$14,635, respectively, had been recorded as reductions to accounts receivable balances to enable the System to record revenues and accounts receivable at the estimated amounts expected to be collected.

Property and Equipment

Property and equipment is stated at cost at time of purchase, or at fair value at time of donation for assets contributed, less any reductions in carrying value for impairment and less accumulated depreciation. The System's policy is to capitalize expenditures for major improvements and charge maintenance and repairs currently for expenditures which do not extend the lives of the related assets. Depreciation is computed using the straight-line method in a manner intended to amortize the cost of the related assets over their estimated useful lives. For the years ended September 30, 2020 and 2019, depreciation expense was \$24,355 and \$26,150, respectively.

The System has also capitalized certain costs associated with property and equipment not yet in service. Construction in progress includes amounts incurred related to major construction projects, other renovations, and other capital equipment purchased but not yet placed in service. During 2020 and 2019, the Hospital capitalized \$1,953 and \$652, respectively, of interest expense relating to various construction projects.

Gifts of long-lived assets such as land, buildings or equipment are reported as support without donor restrictions, and are excluded from the excess of revenues and nonoperating income over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used, and gifts of cash or other assets that must be used to acquire long-lived assets, are reported as support with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2020 and 2019
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Federal Grant Revenue and Expenditures

Revenues and expenses under federal grant programs are recognized as the grant expenditures are incurred.

Bond Issuance Costs/Original Issue Discount or Premium

Bond issuance costs incurred to obtain financing for construction and renovation projects and the original issue discount or premium are amortized to interest expense using the straight-line method, which approximates the effective interest method, over the life of the respective bonds. The original issue discount or premium and bond issuance costs are presented as a component of bonds payable.

Charity Care

The System provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates (Note 11). Because the System does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. The System uses an industry standard approach in calculating the costs associated with providing charity care. Funds received from gifts and grants to subsidize charity services provided for the years ended September 30, 2020 and 2019 were approximately \$206 and \$88, respectively.

Net Assets With Donor Restrictions

Gifts are reported as restricted support if they are received with donor stipulations that limit the use of donated assets. Donated investments, supplies and equipment are reported at fair value at the date of receipt. Unconditional promises to give cash and other assets are reported at fair value at the date of receipt of the promise. When a donor restriction expires (when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statement of operations as either net assets released from restrictions for operations (for noncapital related items) or as net assets released from restrictions used for purchases of property and equipment (capital related items). Some net assets with donor restrictions have been restricted by donors to be maintained by the System in perpetuity.

Patient Service Revenue

Prior to the adoption of ASU 2014-09 by the System on October 1, 2019, the System recognized patient service revenue as services were rendered and reported revenue at the estimated net realizable amounts from patients, third-party payors and others for services rendered. On the basis of historical experience, a portion of the System's uninsured patients were unable or unwilling to pay for services provided. Thus, the System recorded a provision for doubtful accounts related to uninsured patients in the period the services were provided. The System adopted the new standard effective October 1, 2019, using the full retrospective method and updated its accounting policies related to revenues, as discussed below. The adoption of the new standard did not have an impact on the recognition of revenues for any periods prior to adoption.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2020 and 2019
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Revenues generally relate to contracts with patients in which the System's performance obligations are to provide health care services to patients. Revenues are recorded during the period obligations to provide health care services are satisfied. Performance obligations for inpatient services are generally satisfied over a period of days. Performance obligations for outpatient services are generally satisfied over a period of less than one day. The contractual relationships with patients, in most cases, also involve a third-party payor (Medicare, Medicaid, managed care health plans and commercial insurance companies, including plans offered through the health insurance exchanges) and the transaction prices for the services provided are dependent upon the terms provided by Medicare and Medicaid or negotiated with managed care health plans and commercial insurance companies, the third-party payors. The payment arrangements with third-party payors for the services provided to related patients typically specify payments at amounts less than standard charges. Medicare generally pays for inpatient and outpatient services at prospectively determined rates based on clinical, diagnostic and other factors. Services provided to patients having Medicaid coverage are generally paid at prospectively determined rates per discharge, per identified service or per covered member. Agreements with commercial insurance carriers, managed care and preferred provider organizations generally provide for payments based upon predetermined rates per diagnosis, per diem rates or discounted fee-for-service rates. Management continually reviews the revenue recognition process to consider and incorporate updates to laws and regulations and the frequent changes in managed care contractual terms resulting from contract renegotiations and renewals.

The collection of outstanding receivables for Medicare, Medicaid, managed care payers, other third-party payors and patients is the System's primary source of cash and is critical to its operating performance. The primary collection risks relate to uninsured patient accounts, including patient accounts for which the primary insurance carrier has paid the amounts covered by the applicable agreement, but patient responsibility amounts (deductibles and copayments) remain outstanding. Implicit price concessions relate primarily to amounts due directly from patients. Estimated implicit price concessions are recorded for all uninsured accounts, regardless of the aging of those accounts. Accounts are written off when all reasonable internal and external collection efforts have been performed. The estimates for implicit price concessions are based upon management's assessment of historical write-offs and expected net collections, business and economic conditions, trends in federal, state and private employer health care coverage and other collection indicators. Management relies on the results of detailed reviews of historical write-offs and collections at facilities that represent a majority of hospital revenues and accounts receivable (the "hindsight analysis") as a primary source of information in estimating the collectability of accounts receivable. Management performs the hindsight analysis regularly, utilizing rolling twelve-months accounts receivable collection and write-off data. Management believes its regular updates to the estimated implicit price concession amounts provides reasonable estimates of revenues and valuations of accounts receivable. These routine, regular changes in estimates have not resulted in material adjustments to the valuations of accounts receivable or period-to-period comparisons of operations.

The System receives payment for other Medicaid outpatient services on a reasonable cost basis which are settled with retroactive adjustments upon completion and audit of related cost finding reports. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenues in the year that such amounts become known. For the years ended September 30, 2020 and 2019, patient service revenue in the accompanying consolidated statements of operations increased by approximately \$3,400 and \$5,600, respectively, due to actual settlements and changes in assumptions underlying estimated future third-party settlements.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2020 and 2019
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Revenues from the Medicare and Medicaid programs accounted for approximately 35% and 4% and 34% and 4% of the Hospital's patient service revenue for the years ended September 30, 2020 and 2019, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation.

Excess of Revenues and Nonoperating Income (Loss) Over Expenses

The System has deemed all activities as ongoing, major or central to the provision of health care services and, accordingly, they are reported as operating revenue and expenses, except for contributions and pledges without donor restrictions, the related philanthropy expenses and investment income which are recorded as nonoperating income.

The consolidated statements of operations also include excess of revenues and nonoperating income (loss) over expenses. Changes in net assets without donor restrictions which are excluded from excess of revenues and nonoperating income over expenses, consistent with industry practice, include the permanent transfers of assets to and from affiliates for other than goods and services, pension liability adjustments and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets). Prior to the adoption of ASU 2016-01 on October 1, 2019, unrealized gains and losses on equity securities other than trading securities or losses considered other than temporary were excluded from the performance indicator. Effective October 1, 2019, unrealized gains and losses on equity securities are recorded within the performance indicator in order to conform to ASU 2016-01.

Estimated Workers' Compensation and Health Care Claims

The provision for estimated workers' compensation and health care claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

Functional Expense Allocation

The costs of providing program services and other activities have been summarized on a functional basis in Note 10. Accordingly, costs have been allocated among program services and supporting services benefitted.

Income Taxes

The Hospital, CRHCDC, CRHVC, and the Trust are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code, and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. NHC is organized as a single member limited liability company and has elected to be treated as a disregarded entity for federal and state income tax reporting purposes. Accordingly, all income or losses and applicable tax credits are reported on the member's income tax returns, with the exception of taxes due to the State of New Hampshire. Management evaluated the System's tax positions and concluded the System has maintained its tax-exempt status, does not have any significant unrelated business income and had taken no uncertain tax positions that require adjustment to or disclosure in the accompanying consolidated financial statements.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2020 and 2019
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Advertising Costs

The System expenses advertising costs as incurred, and such costs totaled approximately \$181 and \$251 for the years ended September 30, 2020 and 2019, respectively.

Recent Accounting Pronouncements

In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers (Topic 606)*. The ASU supersedes the revenue recognition requirements in Topic 605 (Revenue Recognition) and most industry-specific guidance throughout the Industry Topics of Codification. The core principal of ASU 2014-09 is that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The System adopted the new standard effective October 1, 2019, using the full retrospective method. The adoption of the new standard did not have an impact on the recognition of revenues for any periods prior to adoption. The most significant impact of adopting the new standard is the presentation of the consolidated statements of operations, where "patient service revenues" is presented net of estimated implicit price concession revenue deductions. The related presentation of "allowances for doubtful accounts" has also been eliminated from the consolidated balance sheets as a result of the adoption of the new standard.

In January 2016, the FASB issued ASU No. 2016-01, *Financial Instruments – Overall (Subtopic 825-10): Recognition and Measurement of Financial Assets and Financial Liabilities* (ASU 2016-01). ASU 2016-01 requires equity securities to be measured at fair value with changes in fair value recognized through the excess of revenues and nonoperating income (loss) over expenses unless restricted by law or donors. ASU 2016-01 was effective for the System on October 1, 2019 and has been applied on a prospective basis. As a result of adopting ASU 2016-01, unrealized gains and losses on equity securities have been included in investment income (loss) and other in the 2020 consolidated statement of operations. ASU 2016-01 did not impact the accounting for investments in debt securities. As such, unrealized gains and losses on debt securities, if applicable, continue to be excluded from the excess of revenues and nonoperating income (loss) over expenses, and instead are reflected within the change in net assets.

In June 2018, the FASB issued ASU No. 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made* (ASU 2018-08). Due to diversity in practice, ASU 2018-08 clarifies the definition of an exchange transaction as well as the criteria for evaluating whether contributions are unconditional or conditional. ASU 2018-08 was effective for the System on October 1, 2019 and has been applied retrospectively to all periods presented. The adoption of ASU 2018-08 did not have a material impact on these consolidated financial statements.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2020 and 2019
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

In February 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842)* (ASU 2016-02). Under ASU 2016-02, at the commencement of a long-term lease, lessees will recognize a liability equivalent to the discounted payments due under the lease agreement, as well as an offsetting right-of-use asset. ASU 2016-02 is effective for the System on October 1, 2022. Lessees (for capital and operating leases) must apply a modified retrospective transition approach for leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements. The modified retrospective approach would not require any transition accounting for leases that expired before the earliest comparative period presented. Lessees may not apply a full retrospective transition approach. The System is currently evaluating the impact of the pending adoption of ASU 2016-02 on the System's consolidated financial statements.

In August 2018, the FASB issued ASU 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement* (ASU 2018-13). The amendments in this ASU modify the disclosure requirements for fair value measurements for Level 3 assets and liabilities, and eliminate the requirement to disclose transfers between Levels 1 and 2 of the fair value hierarchy, among other modifications. ASU 2018-13 is effective for the System on October 1, 2020, with early adoption permitted. The System is currently evaluating the impact that ASU 2018-13 will have on its consolidated financial statements.

In September 2020, the FASB issued ASU No. 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. ASU 2020-07 enhances the presentation of disclosure requirements for contributed nonfinancial assets. ASU 2020-07 requires entities to present contributed nonfinancial assets as a separate line item in the statement of operations and disclose the amount of contributed nonfinancial assets recognized within the statement of operations by category that depicts the type of contributed nonfinancial assets, as well as a description of any donor-imposed restrictions associated with the contributed nonfinancial assets and the valuation techniques used to arrive at a fair value measure at initial recognition. ASU 2020-07 is effective for the System for transactions in which they serve as the resource recipient beginning October 1, 2021, with early adoption permitted. The System is currently evaluating the impact of the pending adoption of ASU 2020-07 on its financial statements.

Risks and Uncertainties

On March 11, 2020, the World Health Organization declared the outbreak of coronavirus (COVID-19) a pandemic. Patient volumes and the related revenues for most services were significantly impacted in the last two weeks of March 2020 and continued to be impacted in the third and fourth quarters of fiscal 2020 as various policies were implemented by federal, state and local governments in response to the COVID-19 pandemic that have caused many people to remain at home and forced the closure of or limitations on certain businesses, as well as suspended elective procedures by health care facilities.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2020 and 2019
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

While some of these restrictions have been eased across the U.S. and the State of New Hampshire has lifted limitations on nonemergent procedures, some restrictions remain in place. While consolidated patient volumes and revenues experienced gradual improvement beginning in the latter part of April and continuing through the end of the fourth fiscal quarter, uncertainty still exists as the future is unpredictable. The System's pandemic response plan has multiple facets and continues to evolve as the pandemic unfolds. The System has taken precautionary steps to enhance its operational and financial flexibility, and react to the risks the COVID-19 pandemic presents in its operations, including the following:

- Implemented certain cost reduction initiatives;
- Increased the availability on its revolving line of credit from \$10,000 to \$40,000;
- Elected to defer payments on employer payroll tax incurred through December 31, 2020 as provided for under the Coronavirus Aid, Relief, and Economic Security ("CARES") Act;
- Since the declaration of the pandemic, the System received \$57,885 of accelerated Medicare payments (Note 5) and \$29,468 in general and targeted Provider Relief Fund distributions, both as provided for under the CARES Act.

The System believes the extent of the COVID-19 pandemic's adverse impact on operating results and financial condition has been and will continue to be driven by many factors, most of which are beyond control and ability to forecast. Such factors include, but are not limited to, the scope and duration of stay-at-home practices and business closures and restrictions, government-imposed or recommended suspensions of elective procedures, continued declines in patient volumes for an indeterminable length of time, increases in the number of uninsured and underinsured patients as a result of higher sustained rates of unemployment, incremental expenses required for supplies and personal protective equipment, and changes in professional and general liability exposure. Because of these and other uncertainties, the System cannot estimate the length or severity of the impact of the pandemic on its operations. Decreases in cash flows and results of operations may have an impact on the inputs and assumptions used in significant accounting estimates, including estimated implicit price concessions related to uninsured patient accounts, and professional and general liability reserves.

During the third quarter of fiscal 2020, the System was awarded \$9,539 from the \$50 billion general distribution fund and \$19,929 of targeted distributions from the CARES Act Provider Relief Fund. These distributions from the Provider Relief Fund are not subject to repayment, provided the System is able to attest to and comply with the terms and conditions of the funding, including demonstrating that the distributions received have been used for healthcare-related expenses or lost revenue attributable to COVID-19. Such payments are accounted for as government grants, and are recognized on a systematic and rational basis as other income once there is reasonable assurance that the applicable terms and conditions required to retain the funds will be met. Based on an analysis of the compliance and reporting requirements of the Provider Relief Fund and the impact of the pandemic on operating results through September 30, 2020, the System recognized \$29,468 related to these general distribution funds, and these payments are recorded within other revenue in the consolidated statements of operations for the year ended September 30, 2020.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2020 and 2019
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

The CARES Act also provides for a deferral of payments of the employer portion of payroll tax incurred during the pandemic, allowing half of such payroll taxes to be deferred until December 2021 and the remaining half until December 2022. At September 30, 2020, the System had deferred \$6,051 of payroll taxes recorded within accrued pension and other long-term liabilities in the accompanying consolidated balance sheet.

The System will continue to monitor compliance with the terms and conditions of the Provider Relief Fund and other potential assistance programs and available grants, and the impact of the pandemic on revenues and expenses. If the System is unable to attest to or comply with current or future terms and conditions, the System's ability to retain some or all of the distributions received may be impacted.

Subsequent Events

Management of the System evaluated events occurring between the end of the System's fiscal year and December 11, 2020, the date the consolidated financial statements were available to be issued.

On October 19, 2020, the Hospital entered into a proposed asset purchase agreement (the Agreement) with LRGHealthcare (the Seller) to acquire certain assets of Lakes Region General Hospital in Laconia, New Hampshire, and Franklin Regional Hospital in Franklin, New Hampshire. Upon execution of the Agreement, the Seller filed a voluntary case under Chapter 11 of the United States bankruptcy code. As a result, the Agreement is subject to bankruptcy proceedings, including a formal bid process and auction as well as subsequent regulatory approvals should the Hospital's bid be accepted. The outcome of these events is unknown as of the date of these consolidated financial statements, and therefore no amounts have been reflected within these consolidated financial statements related to the above.

2. Transactions With Affiliates

The System provides funds to CRHC and its affiliates which are used for a variety of purposes. The System records the transfer of funds to CRHC and the other affiliates as either receivables or directly against net assets, depending on the intended use and repayment requirements of the funds. Generally, funds transferred for start-up costs of new ventures or capital related expenditures are recorded as charges against net assets. For the years ended September 30, 2020 and 2019, transfers made to CRHC were \$(457) and \$(214), respectively, and transfers received from Capital Region Health Services Corporation (CRHSC) were \$312 and \$602, respectively.

A brief description of affiliated entities is as follows:

- CRHSC is a for-profit provider of health care services, including an eye surgery center and assisted living facility.
- Concord Regional Visiting Nurse Association, Inc. and Subsidiary (CRVNA) provides home health care services.
- Riverbend, Inc. provides behavioral health services.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2020 and 2019
(In thousands)

2. Transactions With Affiliates (Continued)

Amounts due the System, primarily from joint ventures, totaled \$744 and \$1,200 at September 30, 2020 and 2019, respectively. Amounts have been classified as current or long-term depending on the intentions of the parties involved. Beginning in 1999, the Hospital began charging interest on a portion of the receivables (\$654 and \$708 at September 30, 2020 and 2019, respectively) with principal and interest (6.75% at September 30, 2020) payments due monthly. Interest income amounted to \$46 and \$50 for the years ended September 30, 2020 and 2019, respectively.

Contributions to affiliates and other community organizations from net assets with donor restrictions were \$210 and \$186 in 2020 and 2019, respectively.

3. Investments and Assets Whose Use is Limited or Restricted

Short-term investments totaling \$73,907 and \$23,228 at September 30, 2020 and 2019, respectively, are comprised primarily of cash and cash equivalents. Assets whose use is limited or restricted are carried at fair value and consist of the following at September 30:

	<u>2020</u>	<u>2019</u>
Board designated funds:		
Cash and cash equivalents	\$ 961	\$ 7,762
Fixed income securities	25,457	23,592
Marketable equity and other securities	258,108	242,088
Inflation-protected securities	<u>12,361</u>	<u>11,226</u>
	296,887	284,668
Held by trustee for workers' compensation reserves:		
Fixed income securities	2,974	3,140
Self-insurance escrows and construction funds:		
Cash and cash equivalents	1,242	10,568
Fixed income securities	3,176	14,816
Marketable equity securities	<u>10,608</u>	<u>9,617</u>
	15,026	35,001
Donor-restricted funds and restricted grants:		
Cash and cash equivalents	4,027	5,930
Fixed income securities	1,850	1,771
Marketable equity securities	21,299	19,865
Inflation-protected securities	1,020	921
Trust funds administered by others	10,965	10,903
Other	<u>301</u>	<u>266</u>
	<u>39,462</u>	<u>39,656</u>
	<u>\$354,349</u>	<u>\$362,465</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

September 30, 2020 and 2019
(In thousands)

3. Investments and Assets Whose Use is Limited or Restricted (Continued)

Included in marketable equity and other securities above are \$188,376 and \$175,251 at September 30, 2020 and 2019, respectively, in so called alternative investments and collective trust funds. See also Note 14.

Investment income, net realized gains and losses and net unrealized gains and losses on assets whose use is limited or restricted, cash and cash equivalents, and other investments are as follows at September 30:

	<u>2020</u>	<u>2019</u>
Net assets without donor restrictions:		
Interest and dividends	\$ 4,894	\$ 5,606
Investment income from trust funds administered by others	539	530
Net realized gains (losses) on sales of investments	9,312	(9,863)
Net unrealized (losses) gains on investments	<u>(2,448)</u>	<u>4,979</u>
	12,297	1,252
Net assets with donor restrictions:		
Interest and dividends	402	349
Net realized gains (losses) on sales of investments	768	(779)
Net unrealized (losses) gains on investments	<u>(163)</u>	<u>180</u>
	<u>1,007</u>	<u>(250)</u>
	<u>\$ 13,304</u>	<u>\$ 1,002</u>

In compliance with the System's spending policy, portions of investment income and related fees are recognized in other operating revenue on the accompanying consolidated statements of operations. Investment income reflected in other operating revenue was \$2,024 and \$1,710 in 2020 and 2019, respectively.

Investment management fees expensed and reflected in nonoperating income were \$849 and \$863 for the years ended September 30, 2020 and 2019, respectively.

In accordance with ASU 2016-01, which the System adopted prospectively on October 1, 2019, no impairment analysis is required as of September 30, 2020 for equity securities. There were no unrealized losses in securities other than equity securities at September 30, 2020. The following summarizes the Hospital's gross unrealized losses and fair values, aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position at September 30, 2019:

	<u>Less Than 12 Months</u>		<u>12 Months or Longer</u>		<u>Total</u>	
	<u>Fair</u> <u>Value</u>	<u>Unrealized</u> <u>Losses</u>	<u>Fair</u> <u>Value</u>	<u>Unrealized</u> <u>Losses</u>	<u>Fair</u> <u>Value</u>	<u>Unrealized</u> <u>Losses</u>
Marketable equity securities	\$ 1,173	\$ (432)	\$ 13,650	\$ (1,029)	\$ 14,823	\$ (1,461)
Fund-of-funds	10,322	(747)	—	—	10,322	(747)
Collective trust funds	<u>13,226</u>	<u>(490)</u>	<u>30,814</u>	<u>(2,497)</u>	<u>44,040</u>	<u>(2,987)</u>
	<u>\$ 24,721</u>	<u>\$ (1,669)</u>	<u>\$ 44,464</u>	<u>\$ (3,526)</u>	<u>\$ 69,185</u>	<u>\$ (5,195)</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2020 and 2019
(In thousands)

3. **Investments and Assets Whose Use is Limited or Restricted (Continued)**

In evaluating whether investments have suffered an other-than-temporary decline, based on input from outside investment advisors, management evaluated the amount of the decline compared to cost, the length of time and extent to which fair value has been less than cost, the underlying creditworthiness of the issuer, the fair values exhibited during the year, estimated future fair values and the System's intent and ability to hold the security until a recovery in fair value or maturity. Based on evaluations of the underlying issuers' financial condition, current trends and economic conditions, management believes there are no securities that have suffered an other-than-temporary decline in value at September 30, 2019.

4. **Defined Benefit Pension Plan**

The System has a noncontributory defined benefit pension plan (the Plan), covering all eligible employees of the System and subsidiaries. The Plan provides benefits based on an employee's years of service, age and the employee's compensation over those years. The System's funding policy is to contribute annually the amount needed to meet or exceed actuarially determined minimum funding requirements of the *Employee Retirement Income Security Act of 1974* (ERISA).

The System accounts for its defined benefit pension plan under ASC 715, *Compensation Retirement Benefits*. This Statement requires entities to recognize an asset or liability for the overfunded or underfunded status of their benefit plans in their financial statements.

The following table summarizes the Plan's funded status at September 30, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Funded status:		
Fair value of plan assets	\$ 258,752	\$ 251,574
Projected benefit obligation	<u>(327,793)</u>	<u>(304,836)</u>
	<u>\$ (69,041)</u>	<u>\$ (53,262)</u>
Activities for the year consist of:		
Benefit payments and administrative expenses paid	\$ 21,516	\$ 26,475
Net periodic benefit cost	15,267	12,958

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

September 30, 2020 and 2019
(In thousands)

4. Defined Benefit Pension Plan (Continued)

The table below presents details about the System's defined benefit pension plan, including its funded status, components of net periodic benefit cost, and certain assumptions used in determining the funded status and cost:

	<u>2020</u>	<u>2019</u>
Change in benefit obligation:		
Projected benefit obligation at beginning of year	\$304,836	\$267,072
Service cost	12,336	10,332
Interest cost	11,102	12,096
Actuarial loss	19,835	40,111
Benefit payments and administrative expenses paid	(21,516)	(26,475)
Other adjustments to benefit cost	<u>1,200</u>	<u>1,700</u>
Projected benefit obligation at end of year	<u>\$327,793</u>	<u>\$304,836</u>
Change in plan assets:		
Fair value of plan assets at beginning of year	\$251,574	\$235,752
Actual return on plan assets	12,694	1,297
Employer contributions	16,000	41,000
Benefit payments and administrative expenses	<u>(21,516)</u>	<u>(26,475)</u>
Fair value of plan assets at end of year	<u>\$258,752</u>	<u>\$251,574</u>
Funded status and amount recognized in noncurrent liabilities at September 30	<u>\$(69,041)</u>	<u>\$(53,262)</u>

Amounts recognized as a change in net assets without donor restrictions during the years ended September 30, 2020 and 2019 consist of:

	<u>2020</u>	<u>2019</u>
Net actuarial loss	\$ 27,689	\$56,890
Net amortized loss	(11,420)	(7,153)
Prior service credit amortization	<u>243</u>	<u>247</u>
Total amount recognized	<u>\$ 16,512</u>	<u>\$49,984</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2020 and 2019
(In thousands)

4. Defined Benefit Pension Plan (Continued)

Pension Plan Assets

The fair values of the System's pension plan assets as of September 30, 2020 and 2019, by asset category are as follows (see Note 14 for level definitions). In accordance with ASU 2015-07, certain investments that are measured using the net value per share practical expedient have not been classified in the fair value hierarchy.

	<u>2020</u> <u>Level 1</u>	<u>2019</u> <u>Level 1</u>
Short-term investments:		
Money market funds	\$ 1,189	\$ 5,111
Equity securities:		
Common stocks	7,862	9,356
Mutual funds – international	–	9,835
Mutual funds – domestic	72,339	64,805
Mutual funds – inflation hedge	7,685	8,919
Fixed income securities:		
Mutual funds – REIT	525	986
Mutual funds – fixed income	<u>19,628</u>	<u>22,944</u>
	109,228	121,956
Funds measured at net asset value:		
Equity securities:		
Funds-of-funds	87,887	77,700
Collective trust funds:		
Equities	51,545	42,325
Fixed income	<u>10,092</u>	<u>9,593</u>
	<u>149,524</u>	<u>129,618</u>
Total investments at fair value	<u>\$258,752</u>	<u>\$251,574</u>

The target allocation for the System's pension plan assets as of September 30, 2020 and 2019, by asset category are as follows:

	<u>2020</u>		<u>2019</u>	
	<u>Target</u> <u>Allocation</u>	<u>Percentage</u> <u>of Plan</u> <u>Assets</u>	<u>Target</u> <u>Allocation</u>	<u>Percentage</u> <u>of Plan</u> <u>Assets</u>
Short-term investments	0-20%	0%	0-20%	2%
Equity securities	40-80%	68	40-80%	68
Fixed income securities	5-80%	12	5-80%	13
Other	0-30%	20	0-30%	17

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2020 and 2019
(In thousands)

4. Defined Benefit Pension Plan (Continued)

The funds-of-funds are invested with thirteen investment managers and have various restrictions on redemptions. One manager holding amounts totaling approximately \$15 million at September 30, 2020 allows for semi-monthly redemptions, with 5 days' notice. One manager holding approximately \$7 million at September 30, 2020 allows for monthly redemptions, with 15 days' notice. Six managers holding amounts totaling approximately \$38 million at September 30, 2020 allow for quarterly redemptions, with notices ranging from 45 to 65 days. Three of the managers holding amounts of approximately \$15 million at September 30, 2020 allow for annual redemptions, with notice ranging from 60 to 90 days. Two of the managers holding amounts of approximately \$13 million at September 30, 2020 allows for redemptions on a semi-annual basis, with a notice of 60 days. The collective trust funds allow for daily or monthly redemptions, with notices ranging from 6 to 10 days. Certain funds also may include a fee estimated to be equal to the cost the fund incurs in converting investments to cash (ranging from 0.5% to 1.5%), limit the percent of the investment that can be redeemed each redemption period, or are subject to certain lock periods.

The System considers various factors in estimating the expected long-term rate of return on plan assets. Among the factors considered include the historical long-term returns on plan assets, the current and expected allocation of plan assets, input from the System's actuaries and investment consultants, and long-term inflation assumptions. The System's expected allocation of plan assets is based on a diversified portfolio consisting of domestic and international equity securities, fixed income securities, and real estate.

The System's investment policy for its pension plan is to balance risk and returns using a diversified portfolio consisting primarily of high quality equity and fixed income securities. To accomplish this goal, plan assets are actively managed by outside investment managers with the objective of optimizing long-term return while maintaining a high standard of portfolio quality and proper diversification. The System monitors the maturities of fixed income securities so that there is sufficient liquidity to meet current benefit payment obligations. The System's Investment Committee provides oversight of the plan investments and the performance of the investment managers.

Amounts included in expense during fiscal 2020 and 2019 consist of:

	<u>2020</u>	<u>2019</u>
Components of net periodic benefit cost:		
Service cost	\$ 12,336	\$ 10,332
Interest cost	11,102	12,096
Expected return on plan assets	(20,548)	(18,076)
Amortization of prior service credit and loss	11,177	6,906
Other adjustments to benefits cost	<u>1,200</u>	<u>1,700</u>
Net periodic benefit cost	<u>\$ 15,267</u>	<u>\$ 12,958</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2020 and 2019
(In thousands)

4. Defined Benefit Pension Plan (Continued)

The accumulated benefit obligations for the plan at September 30, 2020 and 2019 were \$310,208 and \$288,126, respectively.

	<u>2020</u>	<u>2019</u>
Weighted average assumptions to determine benefit obligation:		
Discount rate	3.11%	3.59%
Rate of compensation increase	2.50% for the next two years; 3.00% thereafter	2.50% for the next three years; 3.00% thereafter
Weighted average assumptions to determine net periodic benefit cost:		
Discount rate	3.59%	4.63%
Expected return on plan assets	7.75	7.75
Cash balance credit rate	5.00	5.00
Rate of compensation increase	2.50/3.00	3.00

In selecting the long-term rate of return on plan assets, the System considered the average rate of earnings expected on the funds invested or to be invested to provide for the benefits of the plan. This included considering the plan's asset allocation and the expected returns likely to be earned over the life of the plan, as well as the historical returns on the types of assets held and the current economic environment.

The loss and prior service credit amount expected to be recognized in net periodic benefit cost in 2021 are as follows:

Actuarial loss	\$ 12,623
Prior service credit	<u>(243)</u>
	<u>\$ 12,380</u>

The System funds the pension plan and no contributions are made by employees. The System funds the plan annually by making a contribution of at least the minimum amount required by applicable regulations and as recommended by the System's actuary. However, the System may also fund the plan in excess of the minimum required amount.

Cash contributions in subsequent years will depend on a number of factors including performance of plan assets. However, the System expects to fund \$16,000 in cash contributions to the plan for the 2021 plan year.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2020 and 2019
(In thousands)

4. Defined Benefit Pension Plan (Continued)

Benefit payments, which reflect expected future service, as appropriate, are expected to be paid as follows:

<u>Year Ended September 30</u>	<u>Pension Benefits</u>
2021	\$ 18,023
2022	17,861
2023	18,581
2024	19,090
2025	19,140
2026 – 2030	109,179

5. Estimated Third-Party Payor Settlements

The System has agreements with third-party payors that provide for payments to the System at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare

Inpatient and outpatient services rendered to Medicare program beneficiaries are primarily paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical diagnosis and other factors. In addition to this, the System is also reimbursed for medical education and other items which require cost settlement and retrospective review by the fiscal intermediary. Accordingly, the System files an annual cost report with the Medicare program after the completion of each fiscal year to report activity applicable to the Medicare program and to determine any final settlements.

The physician practices are reimbursed on a fee schedule basis.

Medicaid Enhancement Tax and Disproportionate Share Payment

Under the State of New Hampshire's (the State) tax code, the State imposes a Medicaid Enhancement Tax (MET) equal to 5.40% of net patient service revenues in State fiscal years 2020 and 2019. The amount of tax incurred by the System for 2020 and 2019 was \$22,572 and \$22,442, respectively.

In the fall of 2010, in order to remain in compliance with stated federal regulations, the State of New Hampshire adopted a new approach related to Medicaid disproportionate share funding (DSH) retroactive to July 1, 2010. Unlike the former funding method, the State's approach led to a payment that was not directly based on, and did not equate to, the level of tax imposed. As a result, the legislation created some level of losses at certain New Hampshire hospitals, while other hospitals realized gains. DSH payments from the State are recorded within revenue without donor restrictions and other support and amounted to \$18,202 in 2020 and \$19,215 in 2019, net of reserves referenced below.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2020 and 2019
(In thousands)

5. Estimated Third-Party Payor Settlements (Continued)

The Centers for Medicare and Medicaid Services (CMS) has completed audits of the State's program and the disproportionate share payments made by the State from 2011 to 2016, the first years that those payments reflected the amount of uncompensated care provided by New Hampshire hospitals. It is possible that subsequent years will also be audited by CMS. The System has recorded reserves to address its potential exposure based on the audit results to date or any future redistributions.

Medicaid

Inpatient services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. Outpatient services rendered to Medicaid program beneficiaries are reimbursed under fee schedules and cost reimbursement methodologies subject to various limitations or discounts. The Hospital is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicaid program.

The physician practices are reimbursed on a fee schedule basis.

Other

The System has also entered into payment agreements with certain commercial insurance carriers and health maintenance organizations. The basis for payment to the System under these agreements includes prospectively determined rates per discharge, discounts from established charges, fee schedules, and prospectively determined rates.

The accrual for estimated third-party payor settlements reflected on the accompanying consolidated balance sheets represents the estimated net amounts to be paid under reimbursement contracts with the Centers for Medicare and Medicaid Services (Medicare), the New Hampshire Department of Welfare (Medicaid) and any commercial payors with settlement provision. Settlements for the Hospital have been finalized through 2016 for Medicare and 2015 for Medicaid.

During fiscal year 2020, the System requested accelerated Medicare payments as provided for in the CARES Act, which allows for eligible health care facilities to request up to six months of advance Medicare payments for acute care hospitals or up to three months of advance Medicare payments for other health care providers. One year from the date of receipt of the advance payments (beginning April 2021) 25% of the advances will be recouped in the first eleven months. An additional 25% of the advances will be recouped in the next six months, with the entire amount repayable in 29 months. Any outstanding balance after 29 months is repayable at a 4% interest rate. During the third quarter of fiscal 2020, the System received \$57,885 from these accelerated Medicare payment requests, of which the current portion due within a year, totaling \$7,893, is recorded under the caption "accrual for estimated third-party payors" and the long-term portion, totaling \$49,992, in the caption "accrued pension and other long-term liabilities" in the accompanying consolidated balance sheet for the year ended September 30, 2020.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2020 and 2019
(In thousands)

6. Long-Term Debt and Revolving Line of Credit

Revolving Line of Credit

In November 2019, the Hospital entered into a \$10,000 revolving line of credit agreement with a bank. In June 2020, the Hospital increased the availability on the line of credit to \$40,000. Any amounts outstanding under the agreement bear interest at the per annum London Interbank Offered Rate (LIBOR) plus 1.85% (2.24% at September 30, 2020). In the event LIBOR is discontinued while the agreement remains in place, a replacement rate will be assigned, as determined by the bank. The agreement is set to expire on May 30, 2021. The line of credit is secured by substantially all business assets. No amounts were outstanding under this revolving line of credit at September 30, 2020.

Long-term debt consists of the following at September 30, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
2020A note payable to a bank, due October 1, 2026; interest at 1.93% per annum, payable in monthly and annual principal payments ranging from \$2,427 to \$2,580 beginning October 2022	\$ 12,520	\$ -
2020B note payable to a bank, due October 1, 2035 (lender has the option to extend the maturity date through October 1, 2043), interest at 2.26% per annum, payable in monthly and annual principal payments ranging from \$991 to \$2,942 beginning October 2023. Final balloon payment of \$10,157 due October 1, 2035, if the maturity date is not extended by the lender	36,582	-
New Hampshire Health and Education Facilities Authority (NHHEFA) Revenue Bonds, Concord Hospital Issue, Series 2017; interest of 5.0% per year and principal payable in annual installments. Installments ranging from \$2,010 to \$5,965 beginning October 2032, including unamortized original issue premium of \$6,901 in 2020 and \$7,215 in 2019	61,111	61,425
3.38% to 5.0% NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2013A; due in annual installments, including principal and interest ranging from \$1,543 to \$3,555 through 2043, including unamortized original issue premium of \$242 in 2020 and \$2,824 in 2019. Series 2013A revenue bonds totaling \$33,785 were refunded in 2020 through issuance of the 2020B note payable described below	2,867	40,469
1.71% fixed rate NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2013B; due in annual installments, including principal and interest ranging from \$1,860 to \$2,038 through 2024	7,601	9,341
4.25% to 5.5% NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2011; due in annual installments, including principal and interest ranging from \$2,737 to \$5,192 through 2026, including unamortized original issue premium of \$19 in 2020 and \$136 in 2019. Series 2011 revenue bonds totaling \$11,780 were refunded in 2020 through issuance of the 2020A note payable described below	2,044	18,201
	122,725	129,436
Less unamortized bond issuance costs	(984)	(1,338)
Less current portion	(5,186)	(7,385)
	<u>\$116,555</u>	<u>\$120,713</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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6. Long-Term Debt and Notes Payable (Continued)

In March 2020, the Hospital entered into a \$12,520 note payable agreement (2020A note) with a lender to advance refund \$11,780 of the Series 2011 NHHEFA Hospital Revenue Bonds. As a result of the advance refunding, the unamortized bond issuance costs and original issue discount related to the bonds refunded were included in loss on extinguishment of debt and totaled \$520 for the year ended September 30, 2020. As of September 30, 2020, \$11,780 of the Series 2011 advance refunded bonds, which are considered extinguished for purposes of these consolidated financial statements, remain outstanding. In conjunction with the issuance of the 2020A note, in order to further reduce debt service obligations, the Hospital, NHHEFA and the lender entered into a forward purchase agreement. Under the forward purchase agreement, the Hospital has the option to request NHHEFA to issue tax-exempt revenue bonds on or after July 3, 2021 to refinance the 2020A note.

In March 2020, the Hospital entered into a \$36,582 note payable agreement (2020B note) with a lender to advance refund the Series 2013A NHHEFA Hospital Revenue Bonds. As a result of the bond refinancing, the unamortized bond issuance costs and original issue premium related to the Series 2013A NHHEFA Hospital Revenue Bonds were included in loss on extinguishment of debt and totaled \$711 for the year ended September 30, 2020. As of September 30, 2020, \$33,785 of the Series 2013A advance refunded bonds, which are considered extinguished for purposes of these consolidated financial statements, remain outstanding. In conjunction with the issuance of the 2020B note, in order to further reduce debt service obligations, the Hospital, NHHEFA and the lender entered into a forward purchase agreement. Under the forward purchase agreement, the Hospital has the option to request NHHEFA to issue tax-exempt revenue bonds on or after July 3, 2022 to refinance the 2020B note.

In December 2017, \$62,004 (including an original issue premium of \$7,794) of NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2017, were issued to pay for the construction of a new medical office building. In addition, the Series 2017 Bonds reimbursed the Hospital for capital expenditures incurred in association with the construction of a parking garage and the construction of a medical office building, as well as routine capital expenditures.

In February 2013, \$48,631 (including an original issue premium of \$3,631) of NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2013A, were issued to assist in the funding of a significant facility improvement project and to advance refund the Series 2001 NHHEFA Hospital Revenue Bonds. The facility improvement project included enhancements to the System's power plant, renovation of certain nursing units, expansion of the parking capacity at the main campus and various other routine capital expenditures and miscellaneous construction, renovation and improvements of the System's facilities.

In March 2011, \$49,795 of NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2011, were issued to assist in the funding of a significant facility improvement project and pay off the Series 1996 Revenue Bonds. The project included expansion and renovation of various Hospital departments, infrastructure upgrades, and acquisition of capital equipment.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

September 30, 2020 and 2019
(In thousands)

6. Long-Term Debt and Notes Payable (Continued)

Substantially all the property and equipment relating to the aforementioned construction and renovation projects, as well as subsequent property and equipment additions thereto, and a mortgage lien on the facility, are pledged as collateral for all outstanding long-term debt and the revolving line of credit. In addition, the gross receipts of the Hospital are also pledged as collateral for all outstanding long-term debt and the revolving line of credit. The most restrictive financial covenants require a 1.10 to 1.0 ratio of aggregate income available for debt service to total annual debt service and a day's cash on hand ratio of 75 days. The Hospital was in compliance with its debt covenants at September 30, 2020 and 2019.

The obligations of the Hospital under the 2020A and B notes, Series 2017, Series 2013A and B and Series 2011 Revenue Bond Indentures are not guaranteed by any of the subsidiaries or affiliated entities.

Interest paid on long-term debt amounted to \$4,888 (including capitalized interest of \$1,953) and \$5,697 (including capitalized interest of \$652) for the years ended September 30, 2020 and 2019, respectively.

The aggregate principal payments on long-term debt for the next five fiscal years ending September 30 and thereafter are as follows:

2021	\$ 5,186
2022	5,636
2023	6,239
2024	6,298
2025	5,339
Thereafter	<u>86,865</u>
	<u>\$115,563</u>

7. Commitments and Contingencies**Malpractice Loss Contingencies**

Effective February 1, 2011, the System insures its medical malpractice risks through a multiprovider captive insurance company under a claims-made insurance policy. Premiums paid are based upon actuarially determined amounts to adequately fund for expected losses. At September 30, 2020, there were no known malpractice claims outstanding for the System, which, in the opinion of management will be settled for amounts in excess of insurance coverage, nor were there any unasserted claims or incidents which require loss accruals. The System has established reserves for unpaid claim amounts for Hospital and Physician Professional Liability and General Liability reported claims and for unreported claims for incidents that have been incurred but not reported. The amounts of the reserves total \$4,081 and \$3,834 at September 30, 2020 and 2019, respectively and are reflected in the accompanying consolidated balance sheets within accrued pension and other long-term liabilities. The possibility exists, as a normal risk of doing business, that malpractice claims in excess of insurance coverage may be asserted against the System.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

September 30, 2020 and 2019
(In thousands)

7. Commitments and Contingencies (Continued)

The captive retains and funds up to actuarial expected loss amounts, and obtains reinsurance at various attachment points for individual and aggregate claims in excess of funding in accordance with industry practices. At September 30, 2020, the System's interest in the captive represents approximately 80% of the captive. The System accounts for its investments in the captive under the equity method since control of the captive is shared equally between the participating hospitals. The System has recorded its interest in the captive's equity, totaling approximately \$5,509 and \$7,270 at September 30, 2020 and 2019, respectively, in other noncurrent assets on the accompanying consolidated balance sheets. Changes in the System's interest are included in nonoperating income on the accompanying consolidated statements of operations.

In accordance with ASU No. 2010-24, "*Health Care Entities*" (Topic 954): *Presentation of Insurance Claims and Related Insurance Recoveries*, at September 30, 2020 and 2019, the Hospital recorded a liability of approximately \$3,000 and \$4,100, respectively, related to estimated professional liability losses. At September 30, 2020 and 2019, the Hospital also recorded a receivable of \$3,000 and \$4,100, respectively, related to estimated recoveries under insurance coverage for recoveries of the potential losses. These amounts are included in accrued pension and other long-term liabilities and other assets, respectively, on the consolidated balance sheets.

Workers' Compensation

The Hospital maintains workers' compensation insurance under a self-insurance plan. The plan offers, among other provisions, certain specific and aggregate stop-loss coverage to protect the Hospital against excessive losses. The Hospital has employed independent actuaries to estimate the ultimate costs, if any, of the settlement of such claims. Accrued workers' compensation losses of \$2,388 and \$2,797 at September 30, 2020 and 2019, respectively, are recorded within accounts payable and accrued expenses on the accompanying consolidated balance sheets and have been discounted at 3% (both years) and, in management's opinion, provide an adequate reserve for loss contingencies. A trustee held fund has been established as a reserve under the plan. Assets held in trust totaled \$2,974 and \$3,140 at September 30, 2020 and 2019, respectively, and is included in assets whose use is limited or restricted in the accompanying consolidated balance sheets.

Litigation

The System is involved in litigation and regulatory investigations arising in the ordinary course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the System's financial position, results of operations or cash flows.

Health Insurance

The System has a self-funded health insurance plan. The plan is administered by an insurance company which assists in determining the current funding requirements of participants under the terms of the plan and the liability for claims and assessments that would be payable at any given point in time. The System recognizes revenue for services provided to employees of the System during the year. The System is insured above a stop-loss amount of \$440 on individual claims. Estimated unpaid claims, and those claims incurred but not reported at September 30, 2020 and 2019, have been recorded as a liability of \$5,709 and \$4,391, respectively, and are reflected in the accompanying consolidated balance sheets within accounts payable and accrued expenses.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2020 and 2019
(In thousands)

7. Commitments and Contingencies (Continued)

Operating Leases

The System has various operating leases relative to its office and offsite locations. Future annual minimum lease payments under noncancellable lease agreements as of September 30, 2020 are as follows:

Year Ending September 30:	
2021	\$ 6,437
2022	6,119
2023	5,990
2024	5,273
2025	3,758
Thereafter	<u>9,651</u>
	<u>\$37,228</u>

Rent expense was \$7,125 and \$7,392 for the years ended September 30, 2020 and 2019, respectively.

8. Net Assets With Donor Restrictions

Net assets with donor restrictions are available for the following purposes at September 30:

	<u>2020</u>	<u>2019</u>
Purpose restriction:		
Health education and program services	\$14,997	\$14,734
Capital acquisitions	1,870	1,764
Indigent care	126	133
Pledges receivable with stipulated purpose and/or time restrictions	<u>283</u>	<u>223</u>
	17,276	16,854
Perpetual in nature:		
Health education and program services	18,744	18,319
Capital acquisitions	803	803
Indigent care	1,811	1,811
Annuities to be held in perpetuity	<u>260</u>	<u>275</u>
	<u>21,618</u>	<u>21,208</u>
Total net assets with donor restrictions	<u>\$38,894</u>	<u>\$38,062</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

September 30, 2020 and 2019
(In thousands)

9. Patient Service Revenue

An estimated breakdown of patient service revenues for the Hospital by major payor sources is as follows for the years ended September 30:

	<u>2020</u>	<u>2019</u>
Private payor (includes coinsurance and deductibles)	\$270,386	\$288,321
Medicare	158,386	166,737
Medicaid	18,646	21,602
Self-pay	<u>6,176</u>	<u>6,876</u>
	<u>\$453,594</u>	<u>\$483,536</u>

10. Functional Expenses

The System provides general health care services to residents within its geographic location. Expenses related to providing these services are as follows for the years ended September 30:

	<u>Health Services</u>	<u>General and Administrative</u>	<u>Fund- raising</u>	<u>Total</u>
<u>2020</u>				
Salaries and wages	\$203,587	\$41,594	\$ 500	\$245,681
Employee benefits	56,622	11,568	139	68,329
Supplies and other	96,353	13,346	84	109,783
Purchased services	21,062	13,753	128	34,943
Professional fees	7,722	—	—	7,722
Depreciation and amortization	16,363	7,735	257	24,355
Medicaid enhancement tax	22,572	—	—	22,572
Interest	<u>1,756</u>	<u>812</u>	<u>27</u>	<u>2,595</u>
	<u>\$426,037</u>	<u>\$88,808</u>	<u>\$1,135</u>	<u>\$515,980</u>
<u>2019</u>				
Salaries and wages	\$208,279	\$41,607	\$ 473	\$250,359
Employee benefits	51,485	10,285	117	61,887
Supplies and other	91,029	14,912	154	106,095
Purchased services	24,362	8,369	134	32,865
Professional fees	7,675	6	—	7,681
Depreciation and amortization	17,459	8,415	276	26,150
Medicaid enhancement tax	22,442	—	—	22,442
Interest	<u>3,173</u>	<u>1,506</u>	<u>50</u>	<u>4,729</u>
	<u>\$425,904</u>	<u>\$85,100</u>	<u>\$1,204</u>	<u>\$512,208</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

September 30, 2020 and 2019
(In thousands)

10. Functional Expenses (Continued)

The consolidated financial statements report certain expense categories that are attributable to more than one healthcare service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function, such as depreciation and interest, are allocated to a function based on square footage. Supporting activities that are not directly identifiable with one or more healthcare programs are classified as general and administrative. If it is impossible or impractical to make a direct identification, allocation of the expenses were made according to management's estimates. Employee benefits are allocated in accordance with the ratio of salaries and wages of the functional classes. Specifically identifiable costs are assigned to the function which they are identified to.

11. Charity Care and Community Benefits (Unaudited)

The Hospital maintains records to identify and monitor the level of charity care it provides. The Hospital provides traditional charity care, as well as other forms of community benefits. The estimated cost of all such benefits provided is as follows for the years ended September 30:

	<u>2020</u>	<u>2019</u>
Government sponsored healthcare	\$31,319	\$29,683
Community health services	1,582	2,190
Health professions education	2,304	2,874
Subsidized health services	44,867	42,431
Research	81	84
Financial contributions	829	552
Community building activities	—	40
Community benefit operations	72	70
Charity care costs (see Note 1)	<u>3,445</u>	<u>4,696</u>
	<u>\$84,499</u>	<u>\$82,620</u>

The Hospital incurred estimated costs for services to Medicare patients in excess of the payment from this program of \$71,877 and \$57,580 in 2020 and 2019, respectively.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

September 30, 2020 and 2019
(In thousands)

12. Concentration of Credit Risk

The Hospital grants credit without collateral to its patients, most of whom are local residents of southern New Hampshire and are insured under third-party payor agreements. The mix of gross receivables from patients and third-party payors as of September 30 is as follows:

	<u>2020</u>	<u>2019</u>
Patients	10%	12%
Medicare	37	32
Anthem Blue Cross	15	14
Cigna	4	3
Medicaid	9	11
Commercial	23	25
Workers' compensation	<u>2</u>	<u>3</u>
	<u>100%</u>	<u>100%</u>

13. Volunteer Services (Unaudited)

Total volunteer service hours received by the Hospital were approximately 16,290 in 2020 and 24,200 in 2019. The volunteers provide various nonspecialized services to the Hospital, none of which has been recognized as revenue or expense in the accompanying consolidated statements of operations.

14. Fair Value Measurements

Fair value of a financial instrument is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In determining fair value, the System uses various methods including market, income and cost approaches. Based on these approaches, the System often utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated, or generally unobservable inputs. The System utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the observability of the inputs used in the valuation techniques, the System is required to provide the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

Level 1 – Valuations for assets and liabilities traded in active exchange markets, such as the New York Stock Exchange. Level 1 also includes U.S. Treasury and federal agency securities and federal agency mortgage-backed securities, which are traded by dealers or brokers in active markets. Valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2020 and 2019
(In thousands)

14. Fair Value Measurements (Continued)

Level 2 – Valuations for assets and liabilities traded in less active dealer or broker markets. Valuations are obtained from third party pricing services for identical or similar assets or liabilities.

Level 3 – Valuations for assets and liabilities that are derived from other valuation methodologies, including option pricing models, discounted cash flow models and similar techniques, and not based on market exchange, dealer or broker traded transactions. Level 3 valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets or liabilities.

In determining the appropriate levels, the System performs a detailed analysis of the assets and liabilities. There have been no changes in the methodologies used at September 30, 2020 and 2019. In accordance with ASU 2015-07, certain investments that are measured using the net value per share practical expedient have not been classified in the fair value hierarchy.

The following presents the balances of assets measured at fair value on a recurring basis at September 30:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>2020</u>				
Cash and cash equivalents	\$ 80,137	\$ –	\$ –	\$ 80,137
Fixed income securities	30,415	–	–	30,415
Marketable equity and other securities	101,639	–	–	101,639
Inflation-protected securities and other	13,682	–	–	13,682
Trust funds administered by others	<u>–</u>	<u>–</u>	<u>10,965</u>	<u>10,965</u>
	<u>\$225,873</u>	<u>\$ –</u>	<u>\$10,965</u>	236,838
Funds measured at net asset value:				
Marketable equity and other securities				<u>188,376</u>
				<u>\$425,214</u>
<u>2019</u>				
Cash and cash equivalents	\$ 47,488	\$ –	\$ –	\$ 47,488
Fixed income securities	41,310	–	–	41,310
Marketable equity and other securities	96,319	–	–	96,319
Inflation-protected securities and other	12,413	–	–	12,413
Trust funds administered by others	<u>–</u>	<u>–</u>	<u>10,903</u>	<u>10,903</u>
	<u>\$197,530</u>	<u>\$ –</u>	<u>\$10,903</u>	208,433
Funds measured at net asset value:				
Marketable equity and other securities				<u>175,251</u>
				<u>\$383,684</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2020 and 2019
(In thousands)

14. Fair Value Measurements (Continued)

In addition, for the years ended September 30, 2020 and 2019, there are certain investments totaling \$3,042 and \$2,009, respectively, which are appropriately being carried at cost.

The System's Level 3 investments consist of funds administered by others. The fair value measurement is based on significant unobservable inputs.

Investments, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. As such, it is reasonably possible that changes in the fair value of investments will occur in the near term and that such changes could materially affect the amounts reported in the accompanying consolidated balance sheets and statements of operations.

A reconciliation of the fair value measurements using significant unobservable inputs (Level 3) is as follows for 2020 and 2019:

	<u>Trust Funds Administered by Others</u>
Balance at September 30, 2018	\$ 11,051
Net realized and unrealized losses	<u>(148)</u>
Balance at September 30, 2019	10,903
Net realized and unrealized gains	<u>62</u>
Balance at September 30, 2020	<u>\$ 10,965</u>

The table below sets forth additional disclosures for investment funds (other than mutual funds) valued based on net asset value to further understand the nature and risk of the investments by category:

	<u>Fair Value</u>	<u>Unfunded Commit- ments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
September 30, 2020:				
Funds-of-funds	\$ 17,543	\$ —	Semi-monthly	5 days
Funds-of-funds	9,468	—	Monthly	15 days
Funds-of-funds	48,190	—	Quarterly	45 – 65 days**
Funds-of-funds	23,631	—	Annual	60 - 90 days
Funds-of-funds	9,631	—	Semi-annual	60 days*
Funds-of-funds	9,717	20,156	Illiquid	N/A
Collective trust funds	15,326	—	Daily	10 days
Collective trust funds	4,980	—	Weekly	10 days
Collective trust funds	49,890	—	Monthly	6 – 10 days

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2020 and 2019
(In thousands)

14. Fair Value Measurements (Continued)

	<u>Fair Value</u>	<u>Unfunded Commit- ments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
September 30, 2019:				
Funds-of-funds	\$ 15,855	\$ —	Semi-monthly	5 days
Funds-of-funds	10,123	—	Monthly	15 days
Funds-of-funds	57,755	—	Quarterly	45 – 65 days
Funds-of-funds	14,807	—	Annual	60 - 90 days
Funds-of-funds	8,912	—	Semi-annual	60 days*
Funds-of-funds	4,979	15,283	Illiquid	N/A
Collective trust funds	14,569	—	Daily	10 days
Collective trust funds	48,251	—	Monthly	6 – 10 days

* Limited to 25% of the investment balance at each redemption.

** One investment has a one-year lock period and redemption of one investment is limited to 12.5% of the investment balance at each redemption.

Investment Strategies

Fixed Income Securities

The primary purpose of fixed income investments is to provide a highly predictable and dependable source of income, preserve capital, and reduce the volatility of the total portfolio and hedge against the risk of deflation or protracted economic contraction.

Marketable Equity and Other Securities

The primary purpose of marketable equity investments is to provide appreciation of principal and growth of income with the recognition that this requires the assumption of greater market volatility and risk of loss. The total marketable equity portion of the portfolio will be broadly diversified according to economic sector, industry, number of holdings and other characteristics including style and capitalization. The System may employ multiple equity investment managers, each of whom may have distinct investment styles. Accordingly, while each manager's portfolio may not be fully diversified, it is expected that the combined equity portfolio will be broadly diversified.

The System invests in other securities that are considered alternative investments that consist of limited partnership interests in investment funds, which, in turn, invest in diversified portfolios predominantly comprised of equity and fixed income securities, as well as options, futures contracts, and some other less liquid investments. Management has approved procedures pursuant to the methods in which the System values these investments at fair value, which ordinarily will be the amount equal to the pro-rata interest in the net assets of the limited partnership, as such value is supplied by, or on behalf of, each investment from time to time, usually monthly and/or quarterly by the investment manager. Collective trust funds are generally valued based on the proportionate share of total fund net assets.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2020 and 2019
(In thousands)

14. Fair Value Measurements (Continued)

System management is responsible for the fair value measurements of investments reported in the consolidated financial statements. Such amounts are generally determined using audited financial statements of the funds and/or recently settled transactions and is estimated using the net asset value per share of the fund. Because of inherent uncertainty of valuation of certain alternative investments, the estimate of the fund manager or general partner may differ from actual values, and differences could be significant. Management believes that reported fair values of its alternative investments at the balance sheet dates are reasonable.

The Hospital has committed to invest up to \$28,683 with various investment managers, and had funded \$8,527 of that commitment as of September 30, 2020. As these investments are made, the Hospital reallocates resources from its current investments resulting in an asset allocation shift within the investment pool.

Inflation-Protected Securities

The primary purpose of inflation-protected securities is to provide protection against the negative effects of inflation.

Fair Value of Other Financial Instruments

Other financial instruments consist of accounts and pledges receivable, accounts payable and accrued expenses, estimated third-party payor settlements, and long-term debt and notes payable. The fair value of all financial instruments other than long-term debt and notes payable approximates their relative book values as these financial instruments have short-term maturities or are recorded at amounts that approximate fair value. The fair value of the System's long-term debt and notes payable is estimated using discounted cash flow analyses, based on the System's current incremental borrowing rates for similar types of borrowing arrangements. The carrying value and fair value of the System's long-term debt and notes payable amounted to \$122,725 and \$135,943, respectively, at September 30, 2020, and \$129,436 and \$148,672, respectively, at September 30, 2019.

15. Financial Assets and Liquidity Resources

Financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, scheduled principal payments on debt, and capital construction costs, consisted of the following at September 30, 2020:

Cash and cash equivalents	\$ 29,342
Short-term investments	73,907
Accounts receivable	66,175
Funds held by trustee for workers' compensation reserves, self-insurance escrows and construction costs	<u>18,000</u>
	<u>\$187,424</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2020 and 2019
(In thousands)

15. Financial Assets and Liquidity Resources

To manage liquidity, the System maintains sufficient cash and cash equivalent balances to support daily operations throughout the year. Cash and cash equivalents and short-term investments include bank deposits, money market funds, and other similar vehicles that generate a return on cash and provide daily liquidity to the System. In addition, the System has board-designated assets without donor restrictions that can be utilized at the discretion of management to help fund both operational needs and/or capital projects. As of September 30, 2020, the balance of liquid investments in board-designated assets was \$287,980.

CONCORD HOSPITAL
BOARD OF TRUSTEES
2021

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Treasurer (not Member of the Board):
Scott W. Sloane

7/2021

RESUME

ROBERT P. STEIGMEYER



Career History:

1/2014 – Present	Capital Region Health Care and Concord Hospital Concord, NH	President and CEO
2012 – 12/2013	Geisinger Community Medical Center Scranton, PA	CEO
2010 – 2012	Community Medical Center Healthcare System Scranton, PA	President and CEO
2005 – 2010	Northwest Hospital & Medical Center Seattle, WA	Senior Vice President- Operations & Finance
1993 – 2005	ECG Management Consultants Seattle, WA	Principal/Shareholder Senior Manager Manager
1989 – 1993	Ernst & Young St. Louis, MO	Manager Senior Consultant Consultant

Educational Background:

1989	Master of Health Administration Master of Business Administration St. Louis University
1985	Bachelor of Arts Wabash College

Cristina E. Taylor M.D.

Department of Pathology
Concord Hospital
250 Pleasant Street
Concord, NH 03301
(603) 227-7000 x4620



Professional Experience

2015-present	Laboratory Medical Director Department of Pathology Concord Hospital, Concord, NH
2002-present	Pathologist Department of Pathology Concord Hospital, Concord, NH
2021-present	Pathologist (part time) Department of Pathology Concord Hospital-Laconia, Laconia NH
2019-2020	Pathologist (part time) Department of Pathology Frisbie Memorial Hospital, Rochester, NH
1998-2000	Staff (part time) Department of Pathology Beverly Hospital, Beverly, MA
1998-2000	Staff (part time) Department of Pathology Addison Gilbert Hospital, Gloucester, MA

Education

2001-2002	Hartford Hospital , Hartford CT Fellowship in Surgical Pathology
2000-2001	Hartford Hospital , Hartford CT Fellowship in Hematopathology
1996-2000	New England Medical Center , Boston MA Residency in Pathology
1992-1996	Pennsylvania State College of Medicine , Hershey PA Doctorate of Medicine
1986-1990	Wellesley College , Wellesley MA BA in Psychology, Cum Laude

Academic Appointments

1997-2000	Laboratory Instructor , General and Systemic Pathology Course Tufts University School of Medicine
1999	Lecturer , Systemic Pathology Course Tufts University School of Medicine

Awards

1999	Fellow , Armed Forces Institute of Pathology, Washington DC • selected as one of thirty residents, nationwide, for a one-month fellowship in the soft tissue tumor department
1990	BA, Cum Laude , Wellesley College, Wellesley MA

Boards

6/94	United States Medical License Examination, Part I
8/95	United States Medical License Examination, Part II
11/97	United States Medical License Examination, Part III
7/02	American Board of Pathology-Anatomic and Clinical Pathology
9/03	American Board of Pathology-Hematopathology

Licensure

New Hampshire Medical License, Number 11644
Massachusetts Medical License, Number 158188 (expired)

Professional Organizations

1996-present	College of American Pathologists
2002-present	New Hampshire Society of Pathologists

Other Leadership

1998-present	Financial Coordinator , Talarion, Inc. USA • Internet service provider. Responsible for accounting and billing
1995-1996	Company Secretary , Mobius Limited, UK • Software component company. Involved in marketing, sales, supplies, and finances
1992	Secretary , American Medical Women's Association, Pennsylvania State College of Medicine

Prior Experience

1990-1992	Research assistant , Brigham and Women's Hospital, Boston MA • implemented new phase of a clinically based longitudinal study in pulmonary disease. Supervised office, recruited subjects, managed data
1988, 1989	Research assistant , Mass. Ins. of Behavioral Medicine, Springfield MA • organised and collected data for breast cancer prevention study

Research

2020	Rezaee M, Alexakos S, Taylor CE, Santis W. A rare case of retroperitoneal lymphangioma causing chronic flank pain in an adult. Urology case reports 2020
2019	Krughoff K, Taylor CE, Snyder P, Santis W. Choriocarcinoma of Bladder: A case Report and Considerations for Diagnosis. Clinical Genitourinary Cancer Journal 2019;
2018	Vollstedt A, Taylor CE, and Kilchevsky A. An Unexpected Case of Small Cell Neuroendocrine Carcinoma of the Ureter. Clinics in Surgery 2018;3: 1941
2013	Ramirez JM, Ramirez MA, Essilfie A, Taylor CE, Stearns HC3rd, Mollano A. Round worm-associated median nerve compression: a case report. Iowa Orthop. J. 2013;33:225-227.
2002	Marshall-Taylor C, Cartun R, Mandich D, DiGiuseppe J. Immunohistochemical Detection of Immunoglobulin Light Chain Expression Using Formalin-Fixed Paraffin-Embedded Tissues and Modified Heat-Induced Epitope Retrieval Technique. Appl. Immunohistochem. Mol. Morphol. 2002 Sep; 10(3):258-62. Hurford MT, Marshall-Taylor C, Vicki SL, Zhou J, Silverman LM, Rezuze WN, Altman A, Tsongalis GJ. Mutation in Exon 5 of the ALAS-2 Gene Results in X-linked Sideroblastic Anemia. Clin. Chim. Acta. 2992 July; 321(1-2):49-5.

- 2001 Marshall-Taylor C, Rezuke WN, Tsongalis G. The Hematologic Sequelae of Parvovirus B19: Two Case Reports. J. Clin. Lig. Assay. 2001 Summer; 24(2): 1008-111.
- 2000 Marshall-Taylor C, Fanburg-Smith J. Fibrohistiocytic Lipoma: 12 Cases of a Previously Undescribed Benign Fatty Lesion. Ann. Diagn. Pathol. 2000 Dec; 4(6)354-60.
- Marshall-Taylor C, Fanburg-Smith J. Hemosiderotic Fibrohistiocytic Lipomatous Lesion: 10 Cases of a Previously Undescribed Fatty Lesion of the Foot/Ankle. Mod. Pathol. 2000 Nov;13(11):1192-9.

Debra L. Willey

OBJECTIVE: To apply an education in Medical Technology and Business Administration combined with gained clinical, administration, and marketing experience towards a challenging administrative director role.

EDUCATION: Bachelor of Science, University of New Hampshire, Durham, NH, MT 1989
Professional Certification: American Society of Clinical Pathologists, MT180400
Master of Business Administration, Southern NH University, September 2008

RELATED EXPERIENCE

MEDICAL

TECHNOLOGIST:

Concord Hospital, Concord, NH (9/89 - present)

Laboratory Administrative Director, – February 2008 – present

- Lead a versatile, eleven member Laboratory Management Team
- Prepare operations and capital budgets
- Maintain regulatory compliance, CAP, AABB, JCAHO, FDA and CLIA
- Lead Gallup Q12 and Press Ganey initiatives for organizational excellence

Interim Administrative Director – June 2006-February 2008

Laboratory Business Operations Manager – January 2005 – 2008

- Lead the business, safety, finance/compliance, transcription operations of progressive automated clinical laboratory, to include outreach operations and collection stations.
- Evaluate, develop and mentor performance of multiple supervisors and resource people
- Key participant in contract renewals, to include State Contracts, Nursing Homes, Dialysis
- Lead Safety training for all employees; continually seek a safe work environment

Laboratory Sales and Marketing Specialist: May 2002 – Jan 2005

- Continue in same capacity as previous role, without direct supervisory responsibilities to Client Services Department.
- Expanded involvement in contracting, billing problem resolution with clients.

Laboratory Client Services/ Marketing Supervisor: Nov 1997 – May 2002

- Designed and implemented a new Laboratory section, Client Services/Marketing Department, to service and maintain outreach laboratory business; develop and train staff on delivery of Extraordinary Customer Service, and maximize customer satisfaction through strong relationship building.
- Recruit and grow new business. Current clientele of Physician Offices, Nursing Homes, NH State Hospital, and Rehab facilities within a 25-mile radius of Concord Hospital Laboratory. Competent and comfortable with Physician and Physician Office Staff interaction.
- Perform Physician and Physician Office Staff training and education in laboratory testing requirements, and new laboratory products. Comfortable speaking and teaching in front of large groups.
- Supervisor to multiple direct reports, responsible for preparing the annual budget for the department, performance evaluations, coaching and development of laboratory personnel on interpersonal and customer service skills.
- Designed and developed all Marketing materials for the laboratory, such as the Laboratory Services Handbook, the Medicare Compliance Handbook, and Physician Pocket Reference Guides. Responsible to ensure all outgoing communication from the laboratory features a client-focused, positive tone.

Medical Technologist – Laboratory: September 1989 – Nov 1997

- Rotated daily as a generalist technologist in all departments of the clinical laboratory.

PROFESSIONAL MEMBERSHIPS:

- 1/2008-1/2010 President NH-VT CLMA – Clinical Laboratory Management Association, NH-VT Chapter
- American Society of Clinical Pathologists, member 1989 - present

PERSONAL: Dedicated to family. Other interests include indoor soccer, school, and reading

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Robert Steigmeyer	President and CEO		0	0
Cristina Taylor, MD	Laboratory Medical Director		0	0
Debra Willey, MBA, MT (ASCP)	Director of Laboratory Services		0	0

17 mar



Jeffrey A. Meyers
Commissioner

Lori A. Shiblinette
Chief Executive Officer

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NEW HAMPSHIRE HOSPITAL

36 CLINTON STREET, CONCORD, NH 03301
603-271-5300 1-800-852-3345 Ext. 5300
Fax: 603-271-5395 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

March 22, 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 for Behavioral Health and the Division of Public Health Services to exercise a renewal option to an existing agreement with Concord Hospital, Inc. (Vendor # 177653-B003), 250 Pleasant Street, Concord, NH 03301, for the provision of laboratory, pathology and employee health services by increasing the price limitation by \$570,000 from \$1,210,000 to \$1,780,000 and by extending the contract end date from June 30, 2019 to June 30, 2021, effective upon Governor and Executive Council approval. 3% Federal funds, 35% General Funds, 62% Other Funds (Medicare, Medicaid & third party insurance).

The original agreement was approved by the Governor and Executive Council on April 22, 2015 (Item #22), and amended on August 24, 2016 (Item #17), and on June 21, 2017 (Item #47).

Funds are anticipated to be available in State Fiscal Year (SFY) 2020 and SFY 2021, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust budget line item amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified.

05-095-940010-87500000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, ACUTE PSYCHIATRIC SERVICES

SFY	Class/ Object	Class Title	Job Number	Current Modified Budget	Increase/ (Decrease)	Revised Modified Budget
2015	101-500729	Medical Payments to Providers	94057300	\$129,000	\$0	\$129,000
2016	101-500729	Medical Payments to Providers	94057300	\$258,000	\$0	\$258,000
2017	101-500729	Medical Payments to Providers	94057300	\$258,000	\$0	\$258,000
2018	101-500729	Medical Payments to Providers	94057300	\$260,000	\$0	\$260,000
2019	101-500729	Medical Payments to Providers	94057300	\$270,000	\$0	\$270,000
2020	101-500729	Medical Payments to Providers	94057300	\$0	\$270,000	\$270,000
2021	101-500729	Medical Payments to Providers	94057300	\$0	\$280,000	\$280,000
			Subtotal	\$1,175,000	\$550,000	\$1,725,000

**05-95-90-90-902510-5084 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, PUBLIC
HEALTH EMERGENCY PREPAREDNESS - EBOLA**

SFY	Class/ Object	Class Title	Job Number	Current Modified Budget	Increase/ (Decrease)	Revised Modified Budget
2017	102-500731	Contracts for Prog Svc	90027030	\$10,000	\$0	\$10,000
			<i>Subtotal</i>	<i>\$10,000</i>	<i>\$0</i>	<i>\$10,000</i>

**010-090-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, PUBLIC
HEALTH EMERGENCY PREPAREDNESS**

SFY	Class/ Object	Class Title	Job Number	Current Budget	Increase/ (Decrease)	Revised Modified Budget
2018	102-500731	Contracts for Prog Svc	90077410	\$5,000	\$0	\$5,000
2019	102-500731	Contracts for Prog Svc	90077410	\$5,000	\$0	\$5,000
2020	102-500731	Contracts for Prog Svc	90077410	\$0	\$5,000	\$5,000
2021	102-500731	Contracts for Prog Svc	90077410	\$0	\$5,000	\$5,000
			<i>Subtotal</i>	<i>\$10,000</i>	<i>\$10,000</i>	<i>\$20,000</i>

**05-95-90-903010-8280 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, BIOMONITORING
GRANT**

SFY	Class/ Object	Class Title	Job Number	Current Modified Budget	Increase/ (Decrease)	Revised Modified Budget
2018	102-500731	Contracts for Prog Svc	90082801	\$10,000	\$0	\$10,000
2019	102-500731	Contracts for Prog Svc	90082801	\$5,000	\$0	\$5,000
2020	102-500731	Contracts for Prog Svc	90082801	\$0	\$5,000	\$5,000
2021	102-500731	Contracts for Prog Svc	90082801	\$0	\$5,000	\$5,000
			<i>Subtotal</i>	<i>\$15,000</i>	<i>\$10,000</i>	<i>\$25,000</i>
			<i>Total</i>	<i>\$1,210,000</i>	<i>\$570,000</i>	<i>\$1,780,000</i>

EXPLANATION

The purpose of this request is to continue providing employee health services for New Hampshire Hospital, NH Public Health Laboratories and Bureau of Infectious Disease. These employee health services are necessary due to the possible exposures to various biological agents and/or chemicals and health hazards encountered while completing their daily job duties.

The health services provided by the vendor include screenings and testing for chemical exposure, infectious and communicable diseases and/or recognized illnesses such as Hepatitis B, Measles, Mumps and drug resistant Tuberculosis. Services also include offering immunizations to employees when necessary. In addition, the vendor will provide all pathology and laboratory services, which include laboratory services that meet the requirements of The Joint Commission, the Clinical Laboratory Improvement Act of 1988 (CLIA), as amended, or any other applicable accrediting bodies.

As referenced in the Request for Proposals and in Exhibit C-1 of this contract, this agreement provides the Department the option to extend contract services for up to four (4) years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. The Department is exercising this renewal option for two (2) years. Two (2) years of renewal have already been used, leaving no renewal options available after this amendment.

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 biennium.

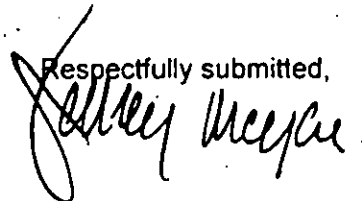
Should the Governor and Executive Council not authorize this request, the health risks of some Department employees is increased. Occupational health services protect employees from the risks and hazards in the workplace including injury prevention as well as reducing the spreading of infectious diseases and viruses. Additionally, these services will reduce the effects of employee exposure to toxic chemicals and other hazards.

Area served: Statewide and the New Hampshire Hospital population

Source of Funds: New Hampshire Hospital: 35% General Funds, 62% Other Funds (Medicare, Medicaid & third party insurance), and for DPHS: 3% Federal Funds – CFDA#93.070/ FAIN# U88EH001142 and CFDA#93.074/FAIN#U90TPP921910.

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

Respectfully submitted,



Jeffrey A. Meyers
Commissioner



**New Hampshire Department of Health and Human Services
Laboratory and Pathology Services and Employee Health Services**

**State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Laboratory and Pathology Services and
Employee Health Services Contract**

This 3rd Amendment to the Laboratory and Pathology Services and Employee Health Services contract (hereinafter referred to as "Amendment #3") dated this 2nd day of January, 2019, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Concord Hospital (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 250 Pleasant Street, Concord NH 03301.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on April 22, 2015 (Item #22), as amended on August 24, 2016 (Item #17) and June 21, 2017 (Item #47) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to General Provisions, Paragraph 3, the State may modify the scope of work, the payment schedule and the term of the contract upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement and increase the price limitation to support continued delivery of these services; 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, 2021.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$1,780,000.
3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
Nathan White, Director.
4. Form P-37, General Provisions, Block 1.10, State Agency Telephone Number, to read:
603-271-9631.
5. Delete Exhibit B-3, Laboratory Fee Schedule and replace with Exhibit B-3, Amendment #3, Laboratory Fee Schedule.
6. Delete Exhibit B-4, Occupational Health Services and Costs and replace with Exhibit B-4, Amendment #3, Occupational Health Services and Costs.



New Hampshire Department of Health and Human Services
Laboratory and Pathology Services and Employee Health Services

This amendment shall be effective upon the date of Governor and Executive Council approval.
IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

3/27/19
Date

Lori Shibinette
Name: LORI Shibinette
Title: CEO NHH

Concord Hospital

3/15/2019
Date

Robert P. Steigmeyer
Name: Robert P. Steigmeyer
Title: President + CEO

Acknowledgement of Contractor's signature:

State of NH, County of Merrimack on 3-15-19, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Kathleen G. Lamontagne
Signature of Notary Public or Justice of the Peace

Kathleen G. Lamontagne, Executive Assistant
Name and Title of Notary or Justice of the Peace

My Commission Expires: 11-18-20





New Hampshire Department of Health and Human Services
Laboratory and Pathology Services and Employee Health Services

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

OFFICE OF THE ATTORNEY GENERAL

4/3/2019
Date

Nancy J. Smith
Name: Nancy J. Smith
Title: Senior Asst. Attorney General

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:

Exhibit B-3, Amendment #3
Laboratory Fee Schedule

LONG DESCRIPTION	Price SFY2020 -		
	CDM	CPT	SFY 2021
88161 AP Bill Cytopath, Smears Prep, Screen, Interpretation	7520377	88161	\$ 24.50
88162 AP Bill Cytopath, Smear, Extended Study	7520378	88162	\$ 32.01
88300 AP Bill Surgical Pathology Level I Complexity	2300	88300	\$ 16.40
88302 AP Bill Surgical Pathology Level II Complexity	2302	88302	\$ 36.10
88304 AP Bill Surgical Pathology Level III Complexity	2304	88304	\$ 43.30
88305 AP Bill Surgical Pathology Level IV Complexity	2305	88305	\$ 56.10
88305 AP Bill Surgical Pathology Level IV Prostate Only	7797410	88305	\$ 56.10
88307 AP Bill Surgical Pathology Level V Complexity	2307	88307	\$ 112.40
88309 AP Bill Surgical Pathology Level VI Complexity	2309	88309	\$ 154.90
88311 AP Bill Decalcification	295360	88311	\$ 5.14
88312 AP Bill Special Stains Group I	2312	88312	\$ 10.20
88341 AP Bill Surg IPX (Add'l Antibody)	2960	88341	\$ 35.20
88342 AP Bill Surg IPX (First Antibody)	2960	88342	\$ 35.20
88360 AP Bill ER/PR/Her2neu	2965	88360	\$ 49.18
Acetaminophen Level	1503764	G0480	\$ 7.70
Acute Hepatitis Panel	633756	80074	\$ 54.50
aHepA	7516612	86708	\$ 14.50
aHepARfix	7516613	86708	\$ 14.48
aHepBs	1628908	86706	\$ 12.60
Alanine Aminotransferase	633632	84460	\$ 6.20
Albumin Level	1620877	82040	\$ 5.80
Alcohol Level	1503765	G0480	\$ 12.60
Alcohol Level, Urine	7516545	G0480	\$ 14.80
Alkaline Phosphatase	1620878	84075	\$ 6.10
Ammonia Level	1628880	82140	\$ 17.00
Amylase Level	631567	82150	\$ 7.60
Amylase Level, Urine Random	4185033	82150	\$ 7.60
Anti-Nuclear Antibodies Screen with Reflex	633655	86038	\$ 14.10
Aripipazole and Metabolite Levels-ARUP	7528042	80342	\$ 56.70
Arsenic Blood-ARUP	7527524	82175	\$ 37.03
Arsenic Urine w/ Reflex to Fractionated-ARUP	7527516	82175	\$ 37.03
Aspartate Aminotransferase	633633	84450	\$ 6.10
B2glycoprotein 1 IgG, IgM, IgA Antibodies-ARUP	7527490	86146	\$ 20.02
Basic Metabolic Panel	633628	80048	\$ 9.90
Bilirubin Level, Body Fluid	4185575	82247	\$ 3.80
Bilirubin, Direct	4240528	82248	\$ 5.90
Bilirubin, Total	7516686	82247	\$ 5.90
Blood Urea Nitrogen	633605	84520	\$ 4.60
Borrelia burgdorferi C6 Acute Panel-ARUP	7583158	86618	\$ 64.68
C. trachomatis (TMA)	7520792	87491	\$ 30.00
C. trachomatis (TMA)	7520798	87491	\$ 30.00
Calcium Level, 24 Hour Urine	633687	82340	\$ 7.10
Calcium Level, Total	1628887	82310	\$ 6.00
Calcium Level, Urine Random	4185058	82310	\$ 7.10
Cancer Antigen 125	4240559	86304	\$ 24.30
Carbamazepine Level	4123321	80156	\$ 12.50
Carbon Dioxide (CO2)	633667	82374	\$ 5.00
Carcinoembryonic Antigen	633697	82378	\$ 19.40
Ceruloplasmin-ARUP	7527291	82390	\$ 25.00
Chloride Level	633621	82435	\$ 5.40
Chloride Level, Urine Random	4185628	82436	\$ 4.90

**Exhibit B-3, Amendment #3
Laboratory Fee Schedule**

Cholesterol Level, Body Fluid	4185611	84999	\$	3.80
Cholesterol Total	633705	82465	\$	5.10
CK	7044214	82550	\$	7.60
Clomipramine and Metabolite, SP-ARUP	7527245	80335	\$	42.00
Clostridium difficile Toxin, PCR	7516568	87493	\$	13.40
Clozapine Level-ARUP	7527242	80159	\$	13.00
Complete Blood Count with Differential	633683	85025	\$	7.10
Complete Blood Count with Manual Differential	633682	85027	\$	5.71
Complete Blood Count without Differential	3798345	85027	\$	5.70
Comprehensive Metabolic Panel	633709	80053	\$	12.40
Cortisol	3352314	82533	\$	19.10
Cortisol AM	7516589	82533	\$	24.12
Cortisol Level, 30 Minute	3455080	82533	\$	19.05
Cortisol Level, 60 Minute	3455081	82533	\$	19.05
Cortisol PM	7516590	82533	\$	19.05
Cortisol, Baseline	633710	82533	\$	19.05
C-Reactive Protein	1628890	86140	\$	6.10
C-Reactive Protein High Sensitivity (CV Risk)	3454330	86141	\$	20.30
Creatine Kinase	633712	82550	\$	7.60
Creatine Kinase - MB Isoenzyme	633713	82553	\$	9.10
Creatinine Level, 24 Hour Urine	7516591	82570	\$	8.50
Creatinine Urine	7038212	82570	\$	3.20
Creatinine Urine, Random	1930782	82570	\$	6.05
Creatinine, Enzymatic	7516592	82565	\$	6.00
DDimer, Quantitative	3454398	85379	\$	13.82
Digoxin Level	1628891	80162	\$	15.50
Drugs of Abuse Screen, Urine Toxicology	3454403	80306	\$	20.40
Duloxetine Quantitative-ARUP	7529696	80332	\$	197.00
Electrolyte Panel	633610	80051	\$	7.20
Erythrocyte Sedimentation Rate	7516673	85652	\$	3.20
Escitalopram Quantitative-ARUP	7529702	80332	\$	164.00
Estradiol Level	3170319	82670	\$	32.70
Fecal Leukocytes	4123047	87205	\$	5.00
Fecal Occult Blood (Guaiac), Diagnostic	7520344	82272	\$	3.80
Fecal Occult Blood (Guaiac), Screening	633789	82270	\$	3.80
Ferritin	1628893	82728	\$	15.90
Fluoxetine and Metabolite Levels-ARUP	7526866	80332	\$	20.00
Fluphenazine Level-ARUP	7526863	80342	\$	61.30
Fluvoxamin Level-ARUP	7526860	80332	\$	121.00
Folate Level	1628894	82746	\$	17.20
Follicle Stimulating Hormone Level	3170314	83001	\$	21.70
Free Thyroxine Level	3170324	84439	\$	10.60
Free Triiodothyronine Level	3170323	84481	\$	11.80
Gabapentin Level-ARUP	7526837	80171	\$	20.00
GGT(Gamma Glutamyl Transferase)	1628895	82977	\$	7.40
Glucose Level	633594	82947	\$	4.50
Glucose, Urine Random	4186827	81003	\$	2.00
Haloperidol Level-ARUP	7526772	80173	\$	27.70
Haptoglobin-ARUP	7526769	83010	\$	14.71
HCG Qualitative Urine	633664	81025	\$	7.40
HCG, Beta Qualitative, Serum	633663	84703	\$	8.80
HCG, Beta Quantitative, Serum	633665	84702	\$	15.40
HCV Genotyping by PCR and Sequencing-ARUP	7526766	87902	\$	88.00

**Exhibit B-3, Amendment #3
Laboratory Fee Schedule**

HDL	3170344	83718	\$	8.40
Heavy Metals Panel 3 Urine with Reflex-ARUP	7526756	82175	\$	37.03
Heavy Metals Panel 3, Blood-ARUP	7526753	82175	\$	37.03
Heavy Metals Panel 4, Blood-ARUP	7838426	82175	\$	37.03
Hematocrit	633742	85014	\$	2.80
Hematocrit	1635636	85014	\$	2.80
Hemoglobin	633741	85018	\$	2.80
Hemoglobin	1635635	85018	\$	2.80
Hemoglobin A1c (Glycosylated)	1383763	83036	\$	11.30
Hepatic (Liver) Function Panel - LFTs	633744	80076	\$	9.60
Hepatitis A Antibody, IgM	1628904	86709	\$	42.00
Hepatitis B Core Antibody, IgM (Acute)	1628907	86705	\$	13.80
Hepatitis B Core Antibody, Total (IgM and IgG)	1628905	86704	\$	14.10
Hepatitis B Core Antibody, with Reflex to IgM	7516615	86704	\$	14.10
Hepatitis B Surface Antigen	633752	87340	\$	12.10
Hepatitis B Surface Antigen, Confirmatory	7516616	87341	\$	12.10
Hepatitis C Antibody	7777213	86803	\$	15.60
Hepatitis C Antibody, Total with Reflex to Quantitative NAAT	1628911	86803	\$	15.60
Hepatitis C Virus by Quantitative NAAT with Reflex to HCV Genotype by Sequencing	7839384	87522	\$	88.00
HIV Ag/Ab	633757	87389	\$	18.40
HSV 1 and/or 2 Abs, IgM by ELISA-ARUP	7526564	86694	\$	12.32
HSV 1,2 IgG, IgM Abs-ARUP	7526573	86694	\$	12.32
HSV 1/2 IgG, IgM Ab Reflex-ARUP	7526570	86694	\$	12.32
Infectious Mononucleosis Screen	633785	86308	\$	6.10
Influenza Panel, Polymerase Chain Reaction	7516625	87502	\$	116.00
Influenza/Respiratory Syncytial Virus PCR Combo	7533188	87631	\$	174.00
Insulin Level, Fasting	3454335	83525	\$	25.50
Iron Level	633765	83540	\$	7.60
Iron Level	7050169	83540	\$	7.60
Lactate Dehydrogenase	633770	83615	\$	7.10
Lamotrigine Level-ARUP	7526438	80175	\$	11.80
LDL, Direct	3170346	83721	\$	12.96
Lead, Whole Blood Venous-ARUP	7526425	83655	\$	14.20
Lipase Level	633776	83690	\$	8.10
Lipase Level, Body Fluid	3454337	83690	\$	9.70
Lipid Pnl	633777	80061	\$	15.70
Lithium Level	2046348	80178	\$	5.70
Lupus Anticoagulant Reflexive Panel-ARUP	7526373	85610	\$	6.02
Luteinizing Hormone	4240834	83002	\$	21.60
Lyme	7516636	86618	\$	23.12
Magnesium Level	633781	83735	\$	6.90
Mercury Blood-ARUP	7526293	83825	\$	30.90
Microalbumin Level, Urine Random	7516639	82043	\$	6.30
Mumps Screen, IgG	3454449	86735	\$	25.50
N. gonorrhoeae (TMA)	7520793	87591	\$	30.00
N. gonorrhoeae (TMA)	7520795	87591	\$	30.00
N. gonorrhoeae (TMA)	7520799	87591	\$	30.00
Norovirus GI PCR	7533375	87798	\$	68.75
Norovirus GII PCR	7647876	87798	\$	68.75
Nortriptyline Level-ARUP	7526152	80335	\$	14.78
N-Terminal Pro B-Type Natriuretic Peptide	1503769	83880	\$	39.70
Olanzapine Level-ARUP	7526143	80342	\$	70.80
Opiates Quantitative, Urine-ARUP	7526115	80361	\$	22.00

Exhibit B-3, Amendment #3
Laboratory Fee Schedule

Osmolality, 24 Hour Urine	7516652	83935	\$	8.00
Osmolality, Serum	4186066	83930	\$	7.70
Osmolality, Urine Random	4186098	83935	\$	8.00
Oxcarb or Eslicarb Metabolite (MHO)-ARUP	7526059	80183	\$	24.60
Paliperidone Level-ARUP	7529745	80342	\$	25.70
Paroxetine Quantitation-ARUP	7526045	80332	\$	111.10
Partial Thromboplastin Time	633794	85730	\$	7.00
Perphenazine Level-ARUP	7529756	80342	\$	61.30
pH, Urine Random	7516658	81003	\$	2.04
Phenobarbital Level-ARUP	7526036	80184	\$	13.40
Phenytoin Level	633801	80185	\$	15.50
Phosphorus Level	633803	84100	\$	5.50
Platelet Count	2182297	85049	\$	4.57
Potassium Level	633616	84132	\$	4.70
Potassium Level, 24 Hour Urine	633618	84133	\$	5.00
Potassium Level, Urine Random	4185373	84133	\$	4.90
Prealbumin, Serum	3454341	84134	\$	17.00
Primidone and Metabolite-ARUP	7525948	80188	\$	15.40
Progesterone Level	3454459	84144	\$	24.40
Prolactin	3170316	84146	\$	19.80
Prostate Specific Antigen, Diagnostic	1634882	84153	\$	17.00
Prostate Specific Antigen, Screening	4123035	84153	\$	17.00
Protein, Total, 24 Hour Urine	633811	84156	\$	4.20
Protein, Total, Urine Random	4186691	84156	\$	4.20
Prothrombin Time and INR	633793	85610	\$	4.60
PTH-INT	7516654	83970	\$	56.06
Quantiferon TB Gold Plus-ARUP	7525885	86480	\$	49.50
Quetiapine Level-ARUP	7529083	80342	\$	124.30
Renal Function Panel	1634883	80069	\$	10.10
Resp Pnl PCR	7516665	87633	\$	509.40
Reticulocyte Count with Immature Reticulocyte Fraction	3454466	85046	\$	4.70
Rheumatoid Factor	3454344	86431	\$	6.60
Risperidone and Metabolite S/P-ARUP	7528140	80342	\$	100.00
Rubella Immune Status	7516671	86762	\$	16.30
Rubeola Immune Status	7516672	86765	\$	15.10
Salicylate Level	1503768	G0480	\$	8.20
Sertraline Level-ARUP	7525815	80332	\$	61.00
Sodium Level	633611	84295	\$	5.40
Sodium Level, 24 Hour Urine	633613	84300	\$	5.70
Sodium Level, Urine Random	4185817	84300	\$	5.70
Specific Gravity, Urine Random	4126646	81003	\$	2.04
Streptococcus Group A Antigen	7516679	87880	\$	10.20
Streptococcus Group A Antigen with Reflex to Group A Streptococcus Culture	7516678	87880	\$	10.20
Syphilis Ab Screen w/Reflex	7532096	86780	\$	5.00
T3 Uptake	7516680	84479	\$	6.70
Testosterone Total	7516681	84403	\$	30.20
Theophylline Level	1634886	80198	\$	16.50
Thiothixene Level-ARUP	7529793	80342	\$	32.50
Thyroid Peroxidase Antibody	3454483	86376	\$	22.00
Thyroid Stimulating Hormone	633844	84443	\$	14.40
Thyroid Stimulating Hormone with Reflex to Free Thyroxine	7516689	84443	\$	14.40
Thyroxine (T4), Total Level	633845	84436	\$	6.70
TIBC	7050172	83550	\$	10.20

**Exhibit B-3, Amendment #3
Laboratory Fee Schedule**

Topiramate Level-ARUP	7525680	80201	\$	39.50
Trazodone Level-ARUP	7525660	80332	\$	51.00
Trichomonas vaginalis, Endocerv.	7520785	87661	\$	30.00
Trichomonas vaginalis, Vaginal	7516688	87661	\$	30.00
Trig	633852	84478	\$	6.70
Triglycerides, Body Fluid	3454355	84478	\$	4.30
Triiodothyronine (T3), Total Level	633833	84480	\$	14.50
Troponin-I (Cardiac Marker)	1634892	84484	\$	11.50
Ur24 Microalb	3455400	82043	\$	6.30
Urea Nitrogen 24 Hour Urine	4186644	84540	\$	5.60
Urea Nitrogen, Urine Random	4186652	84540	\$	5.60
Uric Acid Level	633858	84550	\$	5.30
Urinalysis Macroscopic Only	633863	81003	\$	2.30
Urinalysis with Microscopic and Culture, If Indicated	1148021	81003	\$	2.30
Urinalysis with Microscopic, If Indicated	1148022	81003	\$	2.30
Urine Microscopic Only	633864	81015	\$	3.60
Valproic Acid Level	3170351	80164	\$	11.60
Vancomycin Level, Peak	1634896	80202	\$	154.00
Varicella Zoster IgG Antibody Screen	3454356	86787	\$	15.10
Venlafaxine and Metabolites-ARUP	7529862	80338	\$	56.70
Vitamin B12 Level	633871	82607	\$	14.00
Vitamin D 25 Hydroxy Level	4240407	82306	\$	15.30
White Blood Cell Count, with Absolute Neutrophil Count	633873	85048	\$	2.25
Acid Fast Bacilli Culture	4122762	87116	\$	12.60
Acid Fast Stain Report	634214	87206	\$	6.30
Blood Culture	4122800	87040	\$	12.10
Body Fluid Culture	4122803	87070	\$	10.10
Body Fluid Culture with Anaerobes	7532706	87070	\$	10.10
Bordetella Pertussis PCR and Culture	633885	87081	\$	12.24
Concord Urology Urine Culture	7520490	87086	\$	14.08
Dialysate Culture	7520491	87070	\$	-
Eye Culture	633892	87070	\$	10.10
Eye Culture with Anaerobes	7532709	87070	\$	10.10
Fungal Culture - Skin, Hair, Nail	4123005	87101	\$	9.80
Fungus Culture - Not Skin or Blood	7520482	87102	\$	9.80
Genital Culture	633894	87070	\$	10.10
Gram negative Identification (Vitek)	297662	87077	\$	9.50
Gram Negative Sensitivity Panel (Vitek AST-GN70)	7538275	87186	\$	10.10
Gram positive identification (Vitek)	297663	87077	\$	9.50
Gram Positive Sensitivity Panel (Vitek AST-GP75)	7538593	87186	\$	10.10
Gram Stain Report	634217	87205	\$	5.00
KB Alpha Streptococcus	7538506	87184	\$	8.10
KB Beta Streptococcus	7538511	87184	\$	8.10
KB fosfomycin	7538489	87184	\$	8.10
KB Haemophilus	7538526	87184	\$	8.10
KB Minocycline	7538493	87184	\$	8.10
KB P aeruginosa	7538517	87184	\$	8.10
KB Plp/Taz	7538491	87184	\$	8.10
KB-In House Disks	7538462	87184	\$	8.10
Lower Respiratory Culture	7520487	87070	\$	10.10
Neisseria gonorrhoeae Culture	633895	87081	\$	6.70
Shiga toxin	7537803	87899	\$	14.00
Skin/Superficial Wound Culture	7520479	87070	\$	10.10

**Exhibit B-3, Amendment #3
Laboratory Fee Schedule**

Staph Aureus Screen Culture	4616217	87081	\$	6.70
Stool Culture	633904	87046	\$	11.00
Strep Group A Culture	7520494	87081	\$	6.70
Tissue Culture	633906	87070	\$	10.10
Upper Respiratory Culture	7520493	87070	\$	10.10
Urine Culture	4126493	87086	\$	7.50
VRE Culture	7520496	87081	\$	6.70
Wound Aspirate/Abscess Culture	633908	87070	\$	10.10
Wound Aspirate/Abscess Culture with Anaerobes	7532708	87070	\$	10.10
Yeast Culture - Not Skin or Blood	7520485	87102	\$	9.80
Yeast Culture - Skin, Hair, Nail	7520486	87101	\$	9.00
Yeast Sensitivity Panel (Vitek AST-YS05)	7538588	87186	\$	10.10

**PRICES BASED ON UTILIZATION. ANY TESTS NOT ON THIS LIST WILL BILL AT LIST PRICE
--

**Reflex testing may carry additional fees

Laboratory and Pathology Services and
Employee Health Services

Exhibit B-4, Amendment #3
Occupational Health Services and Costs

Services	PRICE	
		SFY 2020-2021
OH-INJECTION		\$ 14.50
OH-FIT TESTING (IN HOUSE)		\$ 43.00
OH-CHEST CONTRACT PA&LAT /INTERP		\$ 166.30
OH-PRE-PLACEMENT PCE		\$ 55.00
S4(PT)-POST HIRE ASSESSMENT		\$ 55.00
OH-TUBERCULIN PROTEIN		\$ 7.50
OH-PRE-PLACEMENT SCREEN RN		\$ 45.00
OH-RABIES VACCINE		\$ 337.00
OH-RN DOCUMENT REVIEW		\$ 10.00
OH-HEPATITIS B VACCINE		\$ 56.00
OH-MEASLES-MUMPS-RUBELLA VACCINE		\$ 69.00
OH-VARICELLA VACCINE(CHICKEN POX)		\$ 123.00
OH DIPHT -PERTUS- TETNUS(ADACEL)		\$ 41.50
OH-VENIPUNCTURE		\$ 15.50
OH-TB TEST READ ONLY		\$0.00
OH-TB READ - EXTERNAL CLINIC		\$0.00
OH-LEVEL 1 EXAM with provider		\$ 40.00
OH-TB VACCINATION W/EXAM		\$ 9.00
OH-SPIROMETRY W/INTERPRETATION		\$ 60.00
OH-LEVEL 1 EXAM with provider - FACILITY		\$ 20.00
Drug Screen using NHH Medical Director		\$ 62.50
DOT PE W/ URINE		\$ 75.00
DOT DRUG SCREEN		\$ 62.50
Non-DOT PE		\$ 60.00
Non-DOT DRUG SCREEN		\$ 62.50
PRE-PLACEMENT LIFT		\$ 58.00
PRE-PLACEMENT RN		\$ 45.00
RN CLEARANCE		\$ 10.00
FIT TESTING		\$ 43.00
TB W/EXAM		\$ 16.20
TB W/O EXAM		\$ 21.70
URINE DIP		\$ 10.00
Tdap*		\$ 56.00
Td TOXOID*		\$ 47.50
HEPATITIS B*		\$ 70.50
INFLUENZA*		\$ 36.50
MMR*		\$ 83.50
RABIES*		\$ 351.50
VARICELLA*		\$ 137.50
VENIPUNCTURE		\$ 15.50
HEPATITIS B TITER		\$ 25.00
HIV		\$ 25.00
MEASLES TITER		\$ 25.00
MUMPS TITER		\$ 25.00

Laboratory and Pathology Services and Exhibit B-4, Amendment #3
Employee Health Services Occupational Health Services and Costs

Services	PRICE	
		SFY 2020-2021
RUBELLA TITER		\$ 20.11
RABIES TITER		\$ 91.25
VARICELLA TITER		\$ 25.00

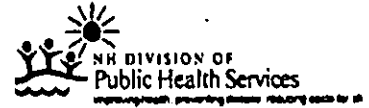


Jeffrey A. Meyers
Commissioner

Lisa Morris
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6503
603-271-4612 1-800-852-3345 Ext. 4612
Fax: 603-271-4827 TDD Access: 1-800-735-2964



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May 12, 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 to exercise a renewal to an existing agreement with Concord Hospital, Inc. (Vendor # 177653-B003), 250 Pleasant Street, Concord, NH 03301, for the provision of laboratory, pathology and employee health services for the Division of Public Health Services by increasing the price limitation by \$555,000 from \$655,000 to \$1,210,000, and extending the contract end date from June 30, 2017 to June 30, 2019, effective upon Governor and Executive Council approval. The original agreement was approved by the Governor and Executive Council on April 22, 2015, Item #22 and amended by an agreement approved by the Governor and Executive Council on April 24, 2016 (Item #17). 29% Federal funds, 32% General Funds, 39% Other Funds (Provider Fees)

Funds are anticipated to be available in State Fiscal Years 2018 and 2019.

05-095-940010-87500000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, ACUTE PSYCHIATRIC SERVICES

State Fiscal Year	Class/Object	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Modified Amount
2015	101-500729	Medical Providers	94057300	\$129,000	\$0	\$129,000
2016	101-500729	Medical Providers	94057300	\$258,000	\$0	\$258,000
2017	101-500729	Medical Providers	94057300	\$258,000	\$0	\$258,000
2018	101-500729	Medical Payments to Providers	94057300	\$0	\$260,000	\$260,000
2019	101-500729	Medical Payments to Providers	94057300	\$0	\$270,000	\$270,000
			SubTotal	\$645,000	\$530,000	\$1,175,000

05-95-90-902510-5084 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, PUBLIC HEALTH EMERGENCY PREPAREDNESS - EBOLA

State Fiscal Year	Class/ Object	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Modified Amount
2017	102-500731	Contracts for Prog Svc	90027030	\$10,000	\$0	\$10,000
			SubTotal	\$10,000	\$0	\$10,000

010-090-902610-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, PUBLIC HEALTH EMERGENCY PREPAREDNESS

State Fiscal Year	Class/ Object	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Modified Amount
2018	102-500731	Contracts for Prog Svc	90077410	\$0	\$5,000	\$5,000
2019	102-500731	Contracts for Prog Svc	90077410	\$0	\$5,000	\$5,000
			SubTotal	\$0	\$10,000	\$10,000

05-95-90-903010-8280 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, BIOMONITORING GRANT

State Fiscal Year	Class/ Object	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Modified Amount
2018	102-500731	Contracts for Prog Svc	90082801	\$0	\$10,000	\$10,000
2019	102-500731	Contracts for Prog Svc	90082801	\$0	\$5,000	\$5,000
			SubTotal	\$0	\$15,000	\$15,000
			Total	\$655,000	\$555,000	\$1,210,000

EXPLANATION

The purpose of this request is to amend an existing agreement to extend the Completion Date, increase the Price Limitation, and expand the scope of services to include additional employee health services and autopsy services. The agreement currently provides health services for New Hampshire Hospital employees, which are necessary for public health employees due to the possible exposures to various biological agents and/or chemicals and health hazards encountered while completing their daily job duties.

The health services provided by the vendor include screenings and testing for chemical exposure, infectious and communicable diseases and/or recognized illnesses such as Hepatitis B, Mumps and drug resistant Tuberculosis. Services also include offering immunizations to employees when necessary. In addition, the vendor shall provide all pathology and laboratory services, which include laboratory services that meet the requirements of The Joint Commission, the Clinical Laboratory Improvement Act of 1988 (CLIA), as amended, or any other applicable accrediting bodies.

This contract was competitively bid. The Request for Applications was posted to the Department's website on October 2, 2014 through October 30, 2014. Two (2) proposals were received. The applications were evaluated by staff with knowledge of the program requirements. Concord Hospital was selected.

The Department is satisfied with the services provided by the vendors and is requesting a renewal for an additional two (2) years of service. The original agreement allowed for the provision of these services for two (2) years, with the option to renew for up to four (4) additional years, based upon continued availability of funding, satisfactory vendor performance, and approval of the Governor and Executive Council. This amendment shall renew the contract for two (2) years, leaving two (2) additional years of renewal.

As stated in Exhibit A of the contract, 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 biennia.

Should the Governor and Executive Council determine not to approve this request, Public Health employees and the people they come into contact with, would not have access to screenings and testing for the possible exposure to the health hazards they routinely encounter in their work environment.

Area Served: Statewide

Source of Funds: New Hampshire Hospital: 39% Other Funds (Medicare, Medicaid & third party insurance), 32% General Funds and 29% Federal Funds made available under the Social Security Act, Section 1923, Payment for Inpatient Hospital Services Furnished by Disproportionate Share Hospitals and for DPHS: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Catalog of Federal Domestic Assistance (CFDA) #93.074, Federal Award Identification Number (FAIN) U90TP000535

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 4 of 4

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

Respectfully submitted,



Lisa Morris
Director



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 22, 2017

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

Dear Commissioner Meyers:

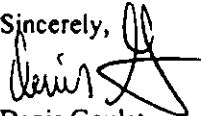
This letter represents formal notification that the Department of Information Technology (DoIT) has approved your agency's request to enter into a contract amendment with Concord Hospital, Inc. (Vendor # 177653-B003) of Concord, NH, as described below and referenced as DoIT No. 2015-075B.

The requested action authorizes the Department of Health and Human Services to enter into a contract amendment with Concord Hospital, Inc. to provide Laboratory and Pathology Services. These services will include autopsy services, routine and special testing of blood samples to detect disease and other medical problems that affect the health of New Hampshire Hospital's (NHH) patients and Employee Health Services. Additionally, Concord Hospital will ensure that data is provided to New Hampshire Hospital in a computerized form and in sufficient detail for NHH to bill Medicare, Medicaid or other payers.

The funding amount for this amendment is \$555,000.00, increasing the current contract from \$655,000.00 to \$1,210,000.00. The contract shall become effective upon Governor and 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 #2015-075B

cc: Bruce Smith, IT Manager, DoIT

**New Hampshire Department of Health and Human Services
Laboratory and Pathology Services and Employee Health Services**



**State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Laboratory and Pathology Services and Employee Health Services Contract**

This second (2nd) Amendment to the Laboratory and Pathology Services and Employee Health Services contract (hereinafter referred to as "Amendment #2") dated this 17th day of April, 2017, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Concord Hospital (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 250 Pleasant Street, Concord NH 03301.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on April 22, 2015 (Item #22), and amended by an agreement (Amendment #1 to the Contract) approved by the Governor and Executive Council on August 24, 2016 (Item #17), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to the General Provisions, Paragraph 18 and Exhibit C-1, Revisions to General Provisions, the State may at its sole discretion, renew services for up to four additional years subject to by written agreement of the parties;

WHEREAS, the parties agree to renew services for two years, increase the price limitation, and modify the Scope of Work; 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 the contract as follows:

1. Form P-37, General Provisions, Block 1.7, Completion Date, to read:
June 30, 2019
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
\$1,210,000
3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
Jonathan V. Gallo, Esq., Interim Director of Contracts and Procurement
4. Form P-37, General Provisions, Block 1.10, State Agency Telephone Number, to read:
603-271-9246
5. Delete Exhibit A and replace with Exhibit A – Amendment #2.
6. Add Subparagraph 5.4.6 to Exhibit B, Method and Conditions Precedent to Payment, as follows:
5.4.6 Urine Creatinine, random \$6.10
7. Add Exhibit B-2, Therapeutic Drug Monitoring Fee Schedule.
8. Add Exhibit B-3, Laboratory Fee Schedule.
9. Add Exhibit B-4, Occupational Health Services and Costs.

New Hampshire Department of Health and Human Services
Laboratory and Pathology Services and Employee Health Services




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

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

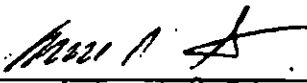
State of New Hampshire
Department of Health and Human Services

5/17/17
Date


Lisa Morris
Director

Concord Hospital


5/11/2017
Date


NAME Robert P. Steigmeyer
TITLE President + CEO

Acknowledgement:

State of New Hampshire County of Merrimack on 5-11-17, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace


Name and Title of Notary or Justice of the Peace



New Hampshire Department of Health and Human Services
Laboratory and Pathology Services and Employee Health Services



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

OFFICE OF THE ATTORNEY GENERAL

6/5/2017
Date

Nancy J. Smith
Name:
Title: Sr. Asst. Atty General

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:

Exhibit A-Amendment #2



Scope of Services

1. The Contractor shall perform all laboratory and pathology services required by New Hampshire Hospital (the Hospital) including autopsy services and provide employee and occupational health services.
2. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English Proficiency to ensure meaningful access to their programs and/or services.
3. 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 biennia.
4. **Laboratory and Pathology Services:**
 - 4.1. The Contractor shall provide all pathology and laboratory services, which include laboratory services referenced, that meet the requirements of The Joint Commission, the Clinical Laboratory Improvement Act of 1988 (CLIA), as amended, or any other applicable accrediting bodies.
 - 4.2. The Contractor shall notify the Hospital in writing within five (5) working days after receiving notification that:
 - 4.2.1. Any of the above-mentioned services do not meet these requirements; or
 - 4.2.2. The Contractor as a whole did not meet The Joint Commission or any other applicable accrediting agencies requirements.
 - 4.3. The Contractor shall provide all consumable supplies necessary to conduct all tests described in this contract, at no additional cost to the Hospital.
 - 4.3.1. Materials may be ordered on the supply order form or by phoning the laboratory directly.
 - 4.3.1.1. Materials will be delivered on the next courier run after the receipt of the request.
 - 4.4. The Contractor shall perform all pathology and laboratory services at the Contractor's facility or a reference laboratory that meets the aforementioned requirements. The Contractor shall notify the Hospital of any change in reference laboratories.
 - 4.5. The Contractor shall be responsible for the following frequency of lab tests, performance, and pick- ups:
 - 4.5.1. Routine tests are to be performed once daily, potentially seven (7) days per week, except for chemistry profiles on Thanksgiving, Christmas, and New Year's Day;

Exhibit A-Amendment #2



- 4.5.2. Routine surgical pathology is to be completed daily, Monday through Friday;
- 4.5.3. STAT specimens shall be picked up upon request, at the Hospital specified locations, via courier as needed twenty-four (24) hours per day, seven (7) days per week. The Hospital shall pay the Contractor \$25.00 per visit for STAT pick-ups that fall outside the routine and additional pick-up times as specified below.
- 4.5.4. All STAT tests are to be performed within one (1) hour of receipt of specimen.
- 4.5.5. Routine pick-ups for specimens up to three (3) times per day, Monday through Friday, at 8:30 am, 11:30 am, and 4:00 pm and one (1) routine pick-up on Saturdays:
 - 4.5.5.1. No routine pick-ups on major holidays:
 - 4.5.5.1.1. New Year's Day;
 - 4.5.5.1.2. Memorial Day;
 - 4.5.5.1.3. Independence Day;
 - 4.5.5.1.4. Labor Day;
 - 4.5.5.1.5. Thanksgiving Day; and
 - 4.5.5.1.6. Christmas Day.
- 4.5.6. Additional pick-ups for specimens shall be made at 2:30 p.m., Monday through Friday and 9:00 a.m., based on telephone calls notifying the Contractor that the specimens are ready.
- 4.6. The Contractor shall determine through visual inspection prior to testing a specimen whether its' handling is in compliance with protocol and valid test results are possible. When a specimen is rejected:
 - 4.6.1. The Contractor shall not conduct that test and must immediately notify the appropriate Hospital patient care unit; and
 - 4.6.2. Notify the Hospital's clinical laboratory liaison, each month, through the established reporting process with the reason for rejection.
- 4.7. The Contractor shall perform routine assays on the day of specimen receipt.
 - 4.7.1. The Contractor shall deliver results to the Hospital by 4:00 p.m. that same day.
 - 4.7.2. STAT testing is reported within one (1) hours of receipt at the contractor's lab.
 - 4.7.3. Printed copies of all laboratory results shall be forwarded to the appropriate clinician for review and to the Infection Control Practitioner (ICP).

Exhibit A-Amendment #2



- 4.7.4. Turn-around time shall be maintained in a manner suitable to the clinical situation in which the tests are requested.
- 4.8. The Contractor shall provide autopsy services, seven (7) days per week, including but not limited to;
 - 4.8.1. A pathologist on call seven (7) days per week;
 - 4.8.2. Delivery and pickup of the remains through a local licensed funeral home;
 - 4.8.3. A provisional anatomic diagnosis within seventy-two (72) hours; and
 - 4.8.4. A complete report and diagnosis provided to the Hospital within sixty (60) days.
- 4.9. The Contractor shall perform and report emergency or abnormal test results or others requested by a physician:
 - 4.9.1. In a timely fashion consistent with clinical appropriateness;
 - 4.9.1.1. Critical results will be called with fifteen (15) minutes of verification.
 - 4.9.2. To the patient care unit or directly to the practitioner by;
 - 4.9.2.1. Calling and/or faxing, except on weekends; and
 - 4.9.2.2. Followed by printed copies for the medical record.
- 4.10. The Contractor shall report laboratory results on a standard form approved by the Hospital which includes:
 - 4.10.1. The date and time a specimen was collected;
 - 4.10.2. The date and time a specimen was received by the laboratory and completed;
 - 4.10.3. The technologist's initials; and
 - 4.10.4. The pathologist's review, where appropriate.
- 4.11. The Contractor shall provide access and the ability to collect and print lab results on-line at no additional cost to the Hospital.
 - 4.11.1. Access to on-line laboratory results is through a secure Physician Portal.
 - 4.11.2. The Contractor and the Hospital shall cooperate in the development of enhancements to computerized reporting systems.
- 4.12. The Contractor shall notify the Infection Control Practitioner (ICP), within (1) working day, of any laboratory findings that indicate a disease reportable to the NH Division of Public Health Services.
- 4.13. The Contractor shall provide the antimicrobial susceptibility summary annually to the Infection Control Practitioner (ICP).
- 4.14. The Contractor shall provide Phlebotomy services, including the transportation of collected specimens at no additional cost to the Hospital on a mutually agreed routine schedule to collect difficult draws.

Exhibit A-Amendment #2



- 4.15. The Contractor shall establish a standard of practice for obtaining and processing specialized phlebotomy draws, such as, arterial blood gases, and ammonia blood levels.
 - 4.15.1. The Contractor will provide a Laboratory Services Handbook and on-line access to the Hospital for standards of practice for specialized phlebotomy draws.
- 4.16. The Contractor shall provide call back on STAT phlebotomy upon request and have a charge as specified in Exhibit B. The transporting of these STAT collected specimens to the Contractor's laboratory shall be at no additional cost to the Hospital.
 - 4.16.1. Phlebotomists employed by the Contractor will perform a venipuncture for the process of obtaining blood, from veins only.
 - 4.16.2. Patients requiring arterial blood gasses shall be transported to Concord Hospital for the arterial venipuncture by qualified staff from the Respiratory Therapy Department.
- 4.17. The Contractor shall perform therapeutic drug monitoring including active metabolites on the substances based on the fee schedule established in Exhibit B-2.
 - 4.17.1. Turn-around times shall range from twenty-four (24) hours to up to seven (7) days from the time samples are received at the testing laboratory to the forwarding of results.
 - 4.17.1.1. All antipsychotic and antidepressant drug monitoring shall be through use of High Performance Liquid Chromatographic (HPLC) techniques using both ultraviolet and electro-chemical detection.
 - 4.17.2. Laboratory methodology shall include:
 - 4.17.2.1. Detection;
 - 4.17.2.2. Identification; and measurement of psychoactive metabolites of all samples submitted.
 - 4.17.3. Levels of parent drug and relevant active metabolites shall be included in direct and follow-up reports.
- 4.18. The Contractor shall provide in-services training for nursing or other personnel at no charge to the Hospital. This shall include, but is not limited to:
 - 4.18.1. Any changes related to laboratory services.
 - 4.18.2. Education related to equipment supplied.
 - 4.18.3. Any changes in collection practices.
 - 4.18.4. Continuing education conferences of interest, which are held at Concord Hospital for the physician community, nursing community, and/or the infection prevention practitioner.

Exhibit A-Amendment #2



- 4.19. The Contractor shall provide up to six (6) yearly continuing education conferences, as agreed upon by the Hospital and the Contractor.
- 4.20. The Contractor shall supply appropriate requisition forms to the Hospital at no additional cost.
- 4.21. The Contractor shall ensure that data provided to the Hospital is in a computerized form and is in sufficient detail for the Hospital to bill Medicare, Medicaid or other payors. The Contractor shall provide a compact disc with the following information for billing purposes:
 - 4.21.1. Patient name;
 - 4.21.2. Date of service;
 - 4.21.3. New Hampshire Hospital Medical Record Number;
 - 4.21.4. New Hampshire Hospital location,
 - 4.21.5. CPT-4 Code;
 - 4.21.6. Diagnosis 1;
 - 4.21.7. Diagnosis 2;
 - 4.21.8. Description of service (test description and Concord Hospital order SIM number);
 - 4.21.9. Units of service performed;
 - 4.21.10. Price and price extension; and
 - 4.21.11. Ordering physician's name.
- 4.22. The Contractor shall meet with the Hospital once per quarter and as necessary to discuss the quality and appropriateness of services, and mutually resolve identified problems.
- 4.23. The Contractor shall provide the Hospital with information regarding the objective criteria, such as, a quality control surveillance program, established to review and monitor the services provided to the Hospital.
- 4.24. The Contractor shall serve as a reference laboratory for the Public Health Laboratories as needed. The Contractor shall submit an invoice to the Public Health Laboratories for services provided, based on the fee schedule established in Exhibit B-3.

5. Employee Health Services

- 5.1. The Contractor shall provide employee health services, for New Hampshire Hospital and the Division of Public Health Services charged as specified in Exhibit B-4, which include but are not limited to:
 - 5.1.1. Complying with employee health policies in accordance with Occupational Safety and Health Administration (OSHA), blood borne pathogen standards, and U.S. Public Health Services guidelines.

Exhibit A-Amendment #2



- 5.1.2. Screening employees for communicable and infectious diseases, as requested by the New Hampshire Hospital and/or the Division of Public Health Services, including but not limited to:
 - 5.1.2.1. Hepatitis B,
 - 5.1.2.2. Measles,
 - 5.1.2.3. Mumps,
 - 5.1.2.4. Pertussis,
 - 5.1.2.5. Rabies,
 - 5.1.2.6. Rubella,
 - 5.1.2.7. Tuberculosis, and
 - 5.1.2.8. Varicella.
- 5.1.3. Screening employees for occupational exposure to chemicals, including but not limited to heavy metals and lead.
- 5.1.4. Referring employees showing any signs of potential added risk in the performance of their job duties to their Personal Care Physician.
- 5.1.5. Conducting pre-placement and/or physical screening, as appropriate, including but not limited to:
 - 5.1.5.1. Medical and occupational history review,
 - 5.1.5.2. Respirator medical clearance exams, and
 - 5.1.5.3. Visual color discrimination exams.
- 5.1.6. Conducting physical capacity exams, as appropriate, that shall not duplicate exams performed under the workers' compensation program for:
 - 5.1.6.1. Newly transferred employees;
 - 5.1.6.2. New employees;
 - 5.1.6.3. Those returning after injury or major illness; and
 - 5.1.6.4. Employees with performance problems, as requested by New Hampshire Hospital and/or the Division of Public Health Services.
- 5.1.7. Providing immunization or screening in accordance with Occupational Safety Health Administration (OSHA) blood borne pathogen standard and with the CDC recommendations regarding the Immunization of Health Care Workers.
- 5.1.8. Providing immunizations against diseases, per request of New Hampshire Hospital and/or the Division of Public Health Services, including but not limited to the ones listed in 4.1.2.

Exhibit A-Amendment #2



- 5.1.9. Following-up exposures to blood borne pathogens, infectious and communicable diseases, and other health exposures, as requested by the New Hampshire Hospital and/or Division of Public Health Services.
 - 5.1.10. Providing chest radiographic services for employees who present with a positive Tuberculin Skin Test (TST).
 - 5.1.11. Forwarding all of the aforementioned documentation for New Hampshire Hospital employees to the New Hampshire Hospital's Human Resources Department at 36 Clinton Street, Concord NH 03301.
 - 5.1.12. Forwarding all of the aforementioned documentation for Division of Public Health Services employees to the Administrator II at the Department of Health and Human Services, Human Resources, 129 Pleasant Street, Concord NH 03301.
 - 5.1.13. Providing access and the ability to collect and print lab results.
 - 5.1.14. Attending quarterly meetings with New Hampshire Hospital Infection Prevention.
 - 5.1.15. Maintaining current health records on all referrals from the New Hampshire Hospital and the Division of Public Health Services. Records shall contain at minimum:
 - 5.1.15.1. Verification of all services requested; and
 - 5.1.15.2. Result/findings of the above request (including any declination forms).
- 6. Staffing**
- 6.1. The Contractor shall ensure that employees who will be present on the Hospital campus:
 - 6.1.1. Have documentation of a criminal background check, which demonstrates not criminal offences;
 - 6.1.2. Are available to complete a thirty (30) minute NHH orientation regarding patient confidentiality and boundaries; and
 - 6.1.3. Have certification, training regarding blood borne pathogens (in accordance to the OSHA blood borne pathogen standard), and competency to perform the duties in Sections 3 and 4 of the Scope of Services.
- 7. Reporting**
- 7.1. The Contractor shall submit a quarterly Specimen Collection Quality Assurance Report. Copies of the report shall be sent via email to the Director of Standards and Quality Management, the Infection Prevention Practitioner, and the Hospital Clinical Laboratory Liaison at New Hampshire Hospital, and shall include:
 - 7.1.1. The number of each test and profile performed;

Exhibit A-Amendment #2



- 7.1.2. A list, by patient, of the tests or profiles completed;
- 7.1.3. A list, by practitioner, of tests and profiles ordered;
- 7.1.4. A list, by dates and times, of the additional courier call-backs, and the associated costs;
- 7.1.5. A list, by patient, of all rejected specimens; and
- 7.1.6. Other reports upon request, which includes but is not limited to a summary of reported issues.
- 7.2. The Contractor shall provide a minimum of ten (10) copies of the Specimen Collection Manual (One to each of the six (6) patient care units and others as designated), with updates as necessary at no additional cost to New Hampshire Hospital.
 - 7.2.1. One copy shall be sent via e-mail to the New Hampshire Hospital Infection Prevention Department.
 - 7.2.2. Any infection prevention communication shall be sent via email to the Infection Prevention Department.
- 7.3. The Contractor shall provide a quarterly statistical summary of all Employee and Occupational Health Services to the NHH Human Resource Coordinator II and to Administrator II at DHHS, Human Resources, which shall include but not be limited to:
 - 7.3.1. Name of Employee;
 - 7.3.2. Date of service;
 - 7.3.3. Type of test which includes but is not limited to:
 - 7.3.3.1. Pre-hire;
 - 7.3.3.2. Physical capacity;
 - 7.3.3.3. Worker's compensation;
 - 7.3.3.4. Return to work;
 - 7.3.4. Immunization type; and
 - 7.3.5. Cost.

Laboratory and Pathology Services and
Employee Health Services

Exhibit B-2
Therapeutic Drug Monitoring Fee Schedule

<u>Generic Name</u>	<u>Trade Name</u>	<u>CPT code</u>	<u>Fees</u>	<u>TAT *</u> <u>(business days)</u>
<u>Antidepressant Drugs</u>				
bupropion	Wellbutrin	80338	\$ 40.40	1-5 days
citalopram	Celexa	80332	\$ 157.00	3-10 days
clomipramine	Anafranil	80335	\$ 42.00	5-8 days
duloxetine	Cymbalta	80332	\$ 197.00	7-10 days
escitalopram	Lexapro	80332	\$ 164.00	3-10 days
fluoxetine	Prozac	80332	\$ 20.00	1-5 days
fluvoxamine	Luvox	80332	\$ 121.00	3-10 days
paroxetine	Paxil	80332	\$ 111.10	3-10 days
sertraline	Zoloft	80332	\$ 61.00	1-5 days
trazodone	Desyrel	80332	\$ 51.00	5-8 days
venlafaxine	Effexor	80338	\$ 56.70	5-8 days
<u>Mood Stabilizers</u>				
carbamazepine	Tegretol	80156	\$ 12.50	1-4 days
gabapentin	Neurontin	80171	\$ 20.00	1-2 days
lamotrigine	Lamictal	80175	\$ 11.80	1-5 days
oxcarbazepine	Trileptal	80183	\$ 24.60	1-2 days
tiagabine	Gabitril	80199	\$ 75.90	3-5 days
topiramate	Topamax	80201	\$ 39.50	1-5 days

Laboratory and Pathology Services and
Employee Health Services

Exhibit B-2
Therapeutic Drug Monitoring Fee Schedule

<u>Generic Name</u>	<u>Trade Name</u>	<u>CPT code</u>	<u>Fees</u>	<u>TAT *</u> (business days)
<u>Antipsychotic Drugs</u>				
aripiprazole	Abilify	80342	\$ 56.70	7-10 days
chlorpromazine	Thorazine	80342	\$ 60.70	1-5 days
clozapine	Clozaril	80159	\$ 13.00	1-2 days
fluphenazine	Prolixin	80342	\$ 61.30	1-5 days
haloperidol	Haldol	80173	\$ 27.70	1-4 days
olanzapine	Zyprexa	80342	\$ 70.80	1-5 days
paliperidone	(NEW PER USAGE)	80342	\$ 25.70	1-5 days
perphenazine	Trilafon	80342	\$ 61.30	1-3 days
quetiapine	Seroquel	80342	\$ 124.30	1-5 days
risperidone	Risperdal	80342	\$100.00	3-10 days
thiothixene	Navane	80342	\$ 32.50	1-4 days
ziprasidone	Geodon	80342	\$ 56.70	3-10 days

* TAT = Turn around time

Laboratory and Pathology Services and
Employee Health Services

Exhibit B-3
Laboratory Fee Schedule

2017 Soft Code	2017 Test Description	Charge Code	CPT code	SFY18-SFY20 Fee
9220A	B. Burgdorferi, IgG WB	9220	86617	\$ 71.60
9220B	B. Burgdorferi, IgM WB	9220	86617	\$ 71.60
ABO	ABO Group	3800	86900	\$ 4.10
ABSG	Antibody Screen	3010	86850	\$ 11.80
ACETA	Acetaminophen	8302	82003	\$ 7.70
ACETN	Acetone	8311	82009	\$ 5.30
ADOLA	Aldolase, Serum	9207	82085	\$ 14.20
AFBCX	AFB Culture	4212	87116	\$ 12.60
AFBST	AFB Stain	4213	87206	\$ 6.30
ALB	Albumin	7380	82040	\$ 5.80
ALC1	Ethanol, Serum	8310	82055	\$ 12.60
ALDS	Aldosterone, Serum	9024	82088	\$ 59.50
ALP	Alk Phos	7390	84075	\$ 6.10
ALT	ALT-SGPT	7115	84460	\$ 6.20
AMMO	Ammonia	7385	82140	\$ 17.00
AMTRP	Amitriptyline and Nortriptyline	1147	80335	\$ 26.20
AMY	Amylase	7200	82150	\$ 7.60
ANA	ANA Screen (Reflex)	1230	86038	\$ 14.10
ANAER	Anaerobe and Aerobe Culture	4950	87070	\$ 10.10
ANAT	ANA Titer	1231	86039	\$ 15.30
APTCT	C. trachomatis (TMA)	4385	87491	\$ 30.00
APTNG	N. gonorrhoeae (TMA)	4385	87591	\$ 30.00
APTT	PTT	5155	85730	\$ 7.00
ASL1	SURG PATH, GROSS ONLY	2300	88300	\$ 16.40
ASL2	LEVEL 2 SURG PATH	2302	88302	\$ 36.10
ASL3	LEVEL 3 SURG PATH	2304	88304	\$ 43.30
ASL4	LEVEL 4 SURG PATH	2305	88305	\$ 56.10
ASL5	LEVEL 5 SURG PATH	2307	88307	\$ 112.40
ASL6	LEVEL 6 SURG PATH	2309	88309	\$ 154.90
ASO	ASO Antibody (Reflex)	1235	86063	\$ 6.80
AST	AST-SGOT	7410	84450	\$ 6.10
ATPO	Thyroid Peroxidase Ab	7235	86376	\$ 22.00
B12	Vitamin B12	8720	82607	\$ 14.00
BLOOD	Culture, Blood	1260	87040	\$ 12.10
BMP	Basic Metabolic Panel	7417	80048	\$ 9.90
BNP	NT-proBNP	7267	83880	\$ 39.70
BNZOS	Benzodiazepines, Serum	1257	80346	\$ 34.40
BUN	BUN	7340	84520	\$ 4.60
C\$AF1	AFB Concentrate	4284	87015	\$ 7.80
C\$AI1	Anaerobe Isolation	4178	87075	\$ 11.10
C\$AN1	Anaerobe ID	4218	87076	\$ 9.50
C\$EZ1	Enzyme, Beta Lactamase	1537	87185	\$ 1.60
C\$FC1	Feces Aeromonas	4276	87046	\$ 11.00
C\$FC2	Feces E Coli 0157	4278	87046	\$ 11.00
C\$FC3	Feces Campylobacter	4282	87046	\$ 11.00
C\$FC4	Feces SalmShig	4280	87045	\$ 11.00
C\$FC5	Feces Shiga Toxin 1	4327	87899	\$ 14.00
C\$FC6	Feces Shiga Toxin 2	4328	87899	\$ 14.00
C\$FG1	Fungus ID	4129	87107	\$ 12.10
C\$GR1	Gradient 1	1536	87181	\$ 1.60
C\$ID1	Microbe ID 1	4126	87077	\$ 9.50

Laboratory and Pathology Services and
Employee Health Services

Exhibit B-3
Laboratory Fee Schedule

2017 Soft Code	2017 Test Description	Charge Code	CPT code	SFY18-SFY20 Fee
C\$KB1	KirbyBauer 1	4125	87184	\$ 8.10
C\$MB1	Min Cidal Conc 1	4177	87187	\$ 12.10
C\$MC1	Min Inhib Conc 1	4176	87186	\$ 10.10
C\$OP1	O&P Concentrate	4566	87177	\$ 10.40
C\$OP2	O&P Trichrome	4567	87209	\$ 21.00
C\$OP3	O&P Cryptosporidium	4568	87206	\$ 6.30
C\$YT1	Yeast ID 1	1535	87106	\$ 12.10
C125	CA 125, Serum	9156	86304	\$ 24.30
CA	Calcium	7320	82310	\$ 6.00
CALBK	Follow-Up Actions - (Courier Call Back Fee)	9795	NOCPT	\$ 25.00
CARB	Carbamazepine	8303	80156	\$ 12.50
CBCWD	CBC with Differential	5070	85025	\$ 7.10
CBCWO	CBC without Diff	5080	85027	\$ 5.70
CBLK	CELL BLOCK	2305	88305	\$ 56.10
CDIF2	C. difficile Toxin, PCR	4317	87493	\$ 13.40
CEA	CEA	8204	82378	\$ 19.40
CHLRP	Chlorpromazine	1321	80342	\$ 60.70
CHOL	Cholesterol	7360	82465	\$ 5.10
CK	CK, Total	7100	82550	\$ 7.60
CKISO	CK, w/Isoenzyme	7101	82550	\$ 7.60
CKMB	CK-MB	7998	82553	\$ 9.10
CL	Chloride	7003	82435	\$ 5.40
CLEAD	Lead, Blood (Capillary)	9170	83655	\$ 14.20
CLMIP	Clomipramine and Metabolite, Serum	1157	80335	\$ 42.00
CLNAZ	Clonazepam	1262	80346	\$ 27.00
CLOZ	Clozapine, Serum	9228	80159	\$ 13.00
CMP	Comprehensive Metabolic Panel	7418	80053	\$ 12.40
CO2	CO2	7004	82374	\$ 5.00
COPPS	Copper, Serum	9687	82525	\$ 14.50
CORA	Cortisol AM	8447	82533	\$ 19.10
CORP	Cortisol PM	8448	82533	\$ 19.10
CORR	Cortisol, Random	8449	82533	\$ 19.10
CRCLR	Creatinine Clearance	7600	82575	\$ 2.60
CRE	Creatinine, Enzymatic	7402	82565	\$ 6.00
CREUX	Ux Creatinine, Random	7406	82570	\$ 6.10
CRP	CRP	1345	86140	\$ 6.10
CSPOR	Cryptosporidium	1531	87272	\$ 13.40
DBIL	Bilirubin, Direct	7472	82248	\$ 5.90
DECAL	DECALCIFICATION	2311	88311	\$ 5.10
DIG	Digoxin	8530	80162	\$ 15.50
DILAN	Dilantin	8307	80185	\$ 15.50
DSIPR	Desipramine, Serum	9249	80160	\$ 25.10
EAR	Culture, Ear	4359	87070	\$ 10.10
EBEAG	EBV EA (D) Ab IgG	9375	86663	\$ 15.30
ER/PR	ER/PR Immunohistochemistry, Each Antibody	2965	88360	\$ 49.20
EST2	Estradiol	8572	82670	\$ 32.70
EXSTD	Cytopath, Smears, Extended Study	2931	88162	\$ 32.00
EYE	Culture, Eye	4369	87070	\$ 10.10
FCHOL	Fluid Cholesterol	7886	84999	\$ 3.80
FCORT	Free Cortisol	9655	82530	\$ 19.50
FE	Iron	8551	83540	\$ 7.60

Laboratory and Pathology Services and
Employee Health Services

Exhibit B-3
Laboratory Fee Schedule

2017 Soft Code	2017 Test Description	Charge Code	CPT code	SFY18-SFY20Fee
FECW	Stain, Fecal WBC	4560	87205	\$ 5.00
FER	Ferritin	8495	82728	\$ 15.90
FLIPA	Fluid Lipase	7888	83690	\$ 9.70
FLPHN	Fluphenazine	9830	80342	\$ 61.30
FLXET	Fluoxetine and Metabolite	1146	80332	\$ 20.00
FOL	Folate	8740	82746	\$ 17.20
FSH	FSH	8811	83001	\$ 21.70
FT3	Free T3	8513	84481	\$ 11.80
FT4	Free T4	8504	84439	\$ 10.60
FTABS	FTA-ABS	9501	86780	\$ 15.50
FTBIL	Fluid Total Bilirubin	7889	82247	\$ 3.80
FTEST	Free Testosterone	9347	84403	\$ 17.30
FTRIG	Fluid Triglycerides	7887	84478	\$ 4.30
FUNGS	Culture, Fungus - Skin	4272	87101	\$ 9.00
FUNGX	Culture, Fungus - Not Skin or Blood	4377	87102	\$ 9.80
GABAP	Gabapentin	1150	80171	\$ 20.00
GC_CX	Culture, GC	4390	87081	\$ 6.70
GENIT	Culture, Genital	4395	87070	\$ 10.10
GGTP	GGTP	7130	82977	\$ 7.40
GLU	Glucose	7020	82947	\$ 4.50
GRAM	Stain, Gram	4420	87205	\$ 5.00
HA1C	Hemoglobin A1C	8312	83036	\$ 11.30
HAIGM	Hep A IgM Antibody	8573	86709	\$ 13.20
HALDO	Haloperidol (haldol)	9377	80173	\$ 27.70
HAPTG	Haptoglobin	9414	83010	\$ 14.70
HAVTL	Hep A Antibody Total	8574	86708	\$ 14.50
HBABS	Hep B Surface Antibody (Qual)	8559	86706	\$ 12.60
HBAGC	Hep B sAg, Confirmatory	8577	87341	\$ 12.10
HBAGS	Hep B Surface Antigen	8552	87340	\$ 12.10
HBCAB	Hep B Core Ab, Total	8576	86704	\$ 14.10
HBCIM	Hep B Core IgM Ab	8575	86705	\$ 13.80
HCG	Beta HCG	8300	84702	\$ 15.40
HCRNA	HCV RNA Quant RT-PCR	9372	87522	\$ 98.70
HCT	HCT	5153	85014	\$ 2.80
HCVAB	Hep C Antibody	8578	86803	\$ 15.60
HDL	HDL Cholesterol	7365	83718	\$ 8.40
HFP	Hepatic Function Panel	7470	80076	\$ 9.60
HGB	HGB	5154	85018	\$ 2.80
HIV4	HIV Ag/Ab Combo 1/2 Screen	7217	87389	\$ 18.40
HIVRQ	HIV-1 RNA, Quantitative, Real-Time PCR	9851	87536	\$ 98.70
HPABC	Acute Hepatitis Panel	8579	80074	\$ 54.50
HPBEA	Hepatitis Be Virus Ab	9737	86707	\$ 13.50
HPBEG	Hepatitis Be Virus Ag	9738	87350	\$ 13.50
HSCRIP	High Sensitivity CRP	7392	86141	\$ 20.30
IMIPR	Imipramine and Desipramine	1243	80335	\$ 23.10
INSLN	Insulin, Total	9448	83525	\$ 25.50
ISEDR	Sed Rate	5079	85652	\$ 3.20
IUBIL	Bilirubin	6006	81003	\$ 2.00
IUBLD	Occult Blood	6007	81003	\$ 2.00
IUDIP	Urinalysis, Dipstick Only	6016	81003	\$ 2.30
IUGLU	Glucose	6004	81003	\$ 2.00

Laboratory and Pathology Services and
Employee Health Services

Exhibit B-3
Laboratory Fee Schedule

2017 Soft Code	2017 Test Description	Charge Code	CPT code	SFY18-SFY20 Fee
IUKET	Ketones, Urine	6005	81003	\$ 2.00
IUMAC	Urine Macroscopic	6016	81003	\$ 2.30
IUMIC	Urine Microscopic	6010	81015	\$ 3.60
KK	Potassium	7002	84132	\$ 4.70
LDH	LDH	7400	83615	\$ 7.10
LH	LH	8810	83002	\$ 21.60
LI	Lithium	8206	80178	\$ 5.70
LIPAS	Lipase	7343	83690	\$ 8.10
LIPID	Lipid Panel	7377	80061	\$ 15.70
LMOTG	Lamotrigine	9814	80175	\$ 11.80
LYTES	Electrolytes	7010	80051	\$ 7.20
MALBR	Microalbumin, Ux Random	7473	82043	\$ 6.30
MDTOX	Medical Urine Toxicology Screen	8604	80306	\$ 20.40
MERCB	Mercury, Blood	9150	83825	\$ 30.90
MG	Magnesium	7120	83735	\$ 6.90
MRSA	Staphylococcus Aureus Culture	4462	87081	\$ 6.70
MSPOT	Mononucleosis Screen	1449	86308	\$ 6.10
NA	Sodium	7001	84295	\$ 5.40
NORXP	Norovirus PCR	4313	89978x2	\$ 137.50
NRTRP	Nortriptyline	1173	80335	\$ 24.00
OCCBD	Occult Blood, Stool	6015	82272	\$ 3.80
OCCBS	Occult Blood, Stool	6032	82270	\$ 3.80
OLNZA	Olanzapine (Zyprexa)	9264	80342	\$ 70.80
OSMOL	Osmolality, Serum	7225	83930	\$ 7.70
PAXIL	Paroxetine Quantitation	1194	80332	\$ 111.10
PERP	Perphenazine	1278	80342	\$ 61.30
PHENB	Phenobarbital, Serum	9373	80184	\$ 13.40
PHLBC	Phlebotomy Collection	8992	36415	\$ 4.00
PHLCB	Phlebotomy Call Back Fee	9718	NOCPT	\$ 75.00
PHOS	Phosphorus	7330	84100	\$ 5.50
PLTLT	Platelet Count	5073	85049	\$ 2.00
PREAL	Prealbumin	8775	84134	\$ 17.00
PREG	HCG Serum, Qualitative	5208	84703	\$ 8.80
PRGST	Progesterone	8571	84144	\$ 24.40
PRLC	Prolactin	8212	84146	\$ 19.80
PRSF	Protein S, Functional	9262	85306	\$ 24.70
PRTCF	Protein C, Functional	9263	85303	\$ 91.80
PSA-P	PSA, Prognostic	8526	84153	\$ 17.00
PSA-S	PSA, Screening	7401	G0103	\$ 17.00
PTINR	PT/INR	5159	85610	\$ 4.60
RENAL	Renal Function Panel	7419	80069	\$ 10.10
RETP	Reticulocyte Panel	5072	85046	\$ 4.70
RF	Rheumatoid Factor	1490	86430	\$ 6.60
RH	Rh Typing	3070	86901	\$ 3.50
RISPR	Risperidone and Metabolite, Serum/Plasma	9406	80342	\$ 100.00
RPR-T	Rapid Plasma Reagin (RPR) Titer	1369	86593	\$ 5.10
RUBEL	Rubella Immune Status	1510	86762	\$ 16.30
RUBEO	Rubeola Immune Status	1512	86765	\$ 15.10
SAL	Salicylate	8301	80196	\$ 8.20
SCLRO	Scleroderma (Scl-70) Ab	9736	86235	\$ 21.00
SEROQ	Quetiapine (Seroquel)	1125	80342	\$ 124.00

Laboratory and Pathology Services and
Employee Health Services

Exhibit B-3
Laboratory Fee Schedule

2017 Soft Code	2017 Test Description	Charge Code	CPT code	SFY18-SFY20 Fee
SGIAR	Giardia	1531	87269	\$ 13.40
SMAIG	Smooth Muscle IgG Antibody	9245	83516	\$ 13.40
SPUTM	Culture, Sputum	4530	87070	\$ 10.10
SRTRL	Sertraline	1250	80332	\$ 61.00
STRAG	Strep Group A Antigen	4249	87880	\$ 10.20
STRPA	Strep Group A Culture	4605	87081	\$ 6.70
SYPH	Syphilis Antibody Screen with Reflex	7891	86780	\$ 5.00
T3	Total T3	8514	84480	\$ 14.50
T4	Thyroxine, Total (T4)	8510	84436	\$ 6.70
TBIL	Total Bilirubin	7210	82247	\$ 5.90
TEST	Testosterone	8570	84403	\$ 30.20
THEO	Theophylline	8308	80198	\$ 16.50
THITH	Thiothixene	1305	80342	\$ 32.50
THROT	Culture, Throat	4600	87070	\$ 10.10
TIAGA	Tiagabine (Gabitril)	1271	80199	\$ 75.90
TP	Total Protein	7370	84155	\$ 4.20
TPMAX	Topiramate (Topamax)	1179	80201	\$ 39.50
TRAZO	Trazodone	1272	80332	\$ 51.00
TRIG	Triglycerides	7125	84478	\$ 6.70
TRILE	Oxcarbazepine Metabolite	9569	80299	\$ 24.60
TRNSF	Transferrin, Serum	9724	84466	\$ 14.90
TROP	Troponin I	8622	84484	\$ 11.50
TSH	TSH	8503	84443	\$ 14.40
TSTIM	Thyroid Stimulating Imm.	9203	84445	\$ 59.40
TU	T3 Uptake	8501	84479	\$ 6.70
UAB	Urinalysis, Reflex	6001	81001	\$ 3.70
UALC	Alcohol, Urine	8327	80101	\$ 14.80
UAMYC	Timed Ux Amylase	7560	82150	\$ 7.60
UAMYP	Ux Amylase, Random	7550	82150	\$ 7.60
UCAC	24hr Ux Calcium	7700	82340	\$ 7.10
UCLC	24hr Ux Chloride	7540	82436	\$ 5.90
UCRC2	24hr Ux Creatinine	7570	82570	\$ 8.50
UCREX	Creatinine, Ux Ran	7474	82570	\$ 3.20
UHCG	HCG Urine, Qualitative	5203	81025	\$ 7.40
UIBC	IBC, Unconjugated	8548	83550	\$ 10.20
UXC	24hr UX Potassium	7529	84133	\$ 5.00
UMALC	Ux Microalbumin, Timed	7705	82043	\$ 6.30
UNAC	24hr Ux Sodium	7528	84300	\$ 5.70
UOS24	Osmolality, Ux, 24 Hr	7785	83935	\$ 8.00
URIC	Uric Acid	7350	84550	\$ 5.30
URINE	Urine Culture	4900	87086	\$ 7.50
UTPC	24hr Ux Protein	7670	84156	\$ 4.20
UUNC	24hr Ux Urea Nitrogen	7541	84540	\$ 5.60
UVOL	Total Volume (mL)	8995	81050	\$ 3.50
UXCAR	Ux Calcium, Random	7775	82340	\$ 7.10
UXCLR	Ux Chloride, Random	7540	82436	\$ 4.90
UXKR	Ux Potassium, Random	7529	84133	\$ 4.90
UXNAR	Ux Sodium, Random	7528	84300	\$ 5.70
UXOSM	Ux, Osmolality, Random	7630	83935	\$ 8.00
UXTPR	Ux Protein, Random	7725	84156	\$ 4.20
UXUNR	Ux Urea Nitrogen, Random	7765	84540	\$ 5.60

Laboratory and Pathology Services and
Employee Health Services

Exhibit B-3
Laboratory Fee Schedule

2017 Soft Code	2017 Test Description	Charge Code	CPT code	SFY18-SFY20Fee
VALP	Valproic Acid	8309	80164	\$ 11.60
VENLF	Venlafaxine and Metabolite	9012	80338	\$ 56.70
VITD	Vitamin D, 25-OH, total	7232	82306	\$ 15.30
VLEAD	Lead, Blood (Venous)	9171	83655	\$ 14.20
VRE	Culture, VRE	4917	87081	\$ 6.70
VZVIG	Varicella IgG	1540	86787	\$ 15.10
WBCCT	WBC Only	5007	85048	\$ 2.30
WOUND	Culture, Wound	4935	87070	\$ 10.10
YSTS	Yeast Culture-Skin, Hair, Nail	4239	87101	\$ 9.00
YSTX	Yeast Culture-Not Skin or Blood	4238	87102	\$ 9.80
ZINC	Zinc, Serum	9408	84630	\$ 35.70
ZYBAN	Bupropion	1318	80338	\$ 40.40

Laboratory and Pathology Services and
Employee Health Services

Exhibit B-4
Occupational Health Services and Costs

Services	COST	
	SFY 2016-2017	SFY 2018-2019
OH-INJECTION	\$ 14.50	\$ 14.50
OH-FIT TESTING (IN HOUSE)	\$ 43.00	\$ 43.00
OH-CHEST CONTRACT PA&LAT /INTERP	\$ 166.30	\$ 166.30
OH-PRE-PLACEMENT PCE	\$ 52.00	\$ 55.00
S4(PT)-POST HIRE ASSESSMENT	\$ 52.00	\$ 55.00
OH-TUBERCULIN PROTEIN	\$ 3.50	\$ 7.50
OH-PRE-PLACEMENT SCREEN RN	\$ 42.00	\$ 45.00
OH-RABIES VACCINE	\$ 337.00	\$ 337.00
OH-RN DOCUMENT REVIEW	\$ 10.00	\$ 10.00
OH-HEPATITIS B VACCINE	\$ 50.00	\$ 56.00
OH-MEASLES-MUMPS-RUBELLA VACCINE	\$ 66.00	\$ 69.00
OH-VARICELLA VACCINE(CHICKEN POX)	\$ 94.50	\$ 123.00
OH DIPHT -PERTUS- TETRUS(ADACEL)	\$ 41.50	\$ 41.50
OH-VENIPUNCTURE	\$ 15.50	\$ 15.50
OH-TB TEST READ ONLY	\$0.00	\$0.00
OH-TB READ - EXTERNAL CLINIC	\$0.00	\$0.00
OH-LEVEL 1 EXAM with provider	\$ 40.00	\$ 40.00
OH-TB VACCINATION W/EXAM	\$ 9.00	\$ 9.00
OH-SPIROMETRY W/INTERPRETATION	\$ 60.00	\$ 60.00
OH-LEVEL 1 EXAM with provider - FACILITY	\$ 20.00	\$ 20.00
Drug Screen using NHH Medical Director	n/a	\$ 62.50
DOT PE W/ URINE	n/a	\$ 75.00
DOT DRUG SCREEN	n/a	\$ 62.50
Non-DOT PE	n/a	\$ 60.00
Non-DOT DRUG SCREEN	n/a	\$ 62.50
PRE-PLACEMENT LIFT	n/a	\$ 58.00
PRE-PLACEMENT RN	n/a	\$ 45.00
RN CLEARANCE	n/a	\$ 10.00
FIT TESTING	n/a	\$ 43.00
TB W/EXAM	n/a	\$ 16.20
TB W/O EXAM	n/a	\$ 21.70

Concord Hospital
15-OMHS-DCBCS-NHH-11

Exhibit B-4
1 of 2

Contractor Initials

Date 5/4/17

Laboratory and Pathology Services and
Employee Health Services

Exhibit B-4
Occupational Health Services and Costs

URINE DIP	n/a	\$ 10.00
Tdap*	n/a	\$ 56.00
Td TOXOID*	n/a	\$ 47.50
HEPATITIS B*	n/a	\$ 70.50
INFLUENZA*	n/a	\$ 36.50
MMR*	n/a	\$ 83.50
RABIES*	n/a	\$ 351.50
VARICELLA*	n/a	\$ 137.50
VENIPUNCTURE	n/a	\$ 15.50
HEPATITIS B TITER	n/a	\$ 25.00
HIV	n/a	\$ 25.00
MEASLES TITER	n/a	\$ 25.00
MUMPS TITER	n/a	\$ 25.00
RUBELLA TITER	n/a	\$ 20.11
RABIES TITER	n/a	\$ 91.25
VARICELLA TITER	n/a	\$ 25.00

*All injections include the injection fee in the price.



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NEW HAMPSHIRE HOSPITAL

Jeffrey A. Meyers
Commissioner

Robert J. MacLeod
Chief Executive Officer

36 CLINTON STREET, CONCORD, NH 03301
603-271-5300 1-800-852-3346 Ext. 5300
Fax: 603-271-5845 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

June 28, 2016

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

4/24/16 #17

REQUESTED ACTION

Authorize the Department of Health and Human Services to amend an existing agreement with Concord Hospital, Inc. (Vendor # 177653-B003), 250 Pleasant Street, Concord, NH 03301, for the provision of laboratory, pathology and employee health services for the Division of Public Health Services employees by increasing the price limitation by \$10,000 from \$645,000 to \$655,000, effective upon Governor and Executive Council approval with no change to the contract end date of June 30, 2017, originally approved by the Governor and Executive Council on April 22, 2015, Item #22. Additional \$10,000 is 100% Federal funds.

Funds are available in the following accounts in State Fiscal Year 2017.

05-095-940010-87500000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, ACUTE PSYCHIATRIC SERVICES

State Fiscal Year	Class/Object	Class Title	Job Number	Current Modified Budget	Increase/Decrease	Modified Amount
2015	101-500729	Medical Providers	94057300	\$129,000	\$0	\$129,000
2016	101-500729	Medical Providers	94057300	\$258,000	\$0	\$258,000
2017	101-500729	Medical Providers	94057300	\$258,000	\$0	\$258,000
			SubTotal	\$645,000	\$0	\$645,000

05-95-90-90-902510-5084 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, PUBLIC HEALTH EMERGENCY PREPAREDNESS - EBOLA

State Fiscal Year	Class/ Object	Class Title	Job Number	Current Modified Budget	Increase/Decrease	Modified Amount
2017	102-500731	Contracts for Prog Svc	90027030	\$0	\$10,000	\$10,000
			SubTotal	\$0	\$10,000	\$10,000
			Total	\$645,000	\$10,000	\$655,000

EXPLANATION

The purpose of this request is to amend an existing agreement to include Division of Public Health Services employees. The agreement currently provides health services for New Hampshire Hospital employees, which are necessary for public health employees due to the possible exposures to various biological agents and/or chemicals and health hazards encountered while completing their daily job duties.

The health services provided by the vendor include screenings and testing for chemical exposure, infectious and communicable diseases and/or recognized illnesses such as Hepatitis B, Mumps and drug resistant Tuberculosis. Services also include offering immunizations to employees when necessary.

Should the Governor and Executive Council determine not to approve this request, Public Health employees and the people they come into contact with would not have access to screenings and testing for the possible exposure to the health hazards they routinely encounter in their work environment. Area Served: Statewide

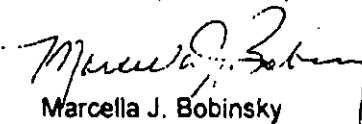
Source of Funds: 41% Other Funds (Medicare, Medicaid & third party insurance), 25% General Funds and 34% Federal Funds from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Medical Assistance Program, Code of Federal Domestic Assistance Number (CFDA) 93.778, Federal Award Identification Number (FAIN) NH 20144 and for DPHS: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Catalog of Federal Domestic Assistance (CFDA) #93.074, Federal Award Identification Number (FAIN) U90TP000535.

In the event that the federal funds become no longer available, no further general funds will be requested to support this contract.

Respectfully Submitted,

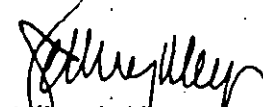


Robert J. MacLeod
Chief Executive Officer
New Hampshire Hospital



Marcella J. Bobinsky
Acting Director
Division of Public Health Services

Approved by:



Jeffrey A. Meyers
Commissioner



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Laboratory and Pathology Services and Employee Health Services Contract**

This first (1st) Amendment to the Laboratory and Pathology Services and Employee Health Services contract (hereinafter referred to as "Amendment #1") dated this 22nd day of February 2016, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Concord Hospital (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 250 Pleasant Street, Concord NH 03301.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on April 22, 2015 (Item #22), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to the General Provisions, Paragraph 18, "This agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment by Governor and Executive Council of the State of New Hampshire"; and

WHEREAS, the parties agree to amend the Scope of Work, amendment the Method and Conditions Precedent to Payment, and increase the price limitation;

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

To amend as follows:

1. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
\$655,000.
2. Exhibit A, Scope of Services, Paragraph 3.18.4. to read:
3.18.4. Continuing education conferences of interest, which are held, at Concord Hospital for the physician community, nursing community and/or the infection prevention practitioner.
3. Delete and Replace, Exhibit A, Scope of Services, Paragraph 4. Employee Health Services with the following:
 4. **Employee Health Services**
The Contractor shall provide employee health services, for the New Hampshire Hospital and the Division of Public Health Services, which include but are not limited to:
 - 4.1. Complying with employee health policies in accordance with Occupational Safety and Health Administration (OSHA), blood borne pathogen standards and U.S. Public Health Services guidelines.
 - 4.2. Screening employees for communicable and infectious diseases, as requested by the New Hampshire Hospital and/or the Division of Public Health Services, including but not limited to:
 - 4.2.1. Hepatitis B,
 - 4.2.2. Measles,
 - 4.2.3. Mumps,
 - 4.2.4. Pertussis,
 - 4.2.5. Rabies,
 - 4.2.6. Rubella,
 - 4.2.7. Tuberculosis, and
 - 4.2.8. Varicella.



New Hampshire Department of Health and Human Services
Laboratory and Pathology Services and Employee Health Services

- 4.3. Screening employees for occupational exposure to chemicals, including but not limited to, heavy metals, lead, etc.
- 4.4. Referring employees showing any signs of potential added risk in the performance of their job duties to their Personal Care Physician.
- 4.5. Conducting pre-placement and/or physical screening, as appropriate, including but not limited to:
 - 4.5.1. Medical and occupational history review,
 - 4.5.2. Respirator medical clearance exams, and
 - 4.5.3. Visual color discrimination exams.
- 4.6. Conducting physical capacity exams, as appropriate that shall not duplicate exams performed under the workers' compensation program for:
 - 4.6.1. Newly transferred employees;
 - 4.6.2. New employees;
 - 4.6.3. Those returning after injury or major illness; and
 - 4.6.4. Employees with performance problems, as requested by the New Hampshire Hospital and/or the Division of Public Health Services.
- 4.7. Providing immunization or screening in accordance with Occupational Safety Health Administration (OSHA) blood borne pathogen standard and with the CDC recommendations regarding the Immunization of Health Care Workers.
- 4.8. Providing immunizations against diseases, per request of the New Hampshire Hospital and/or the Division of Public Health Services, including but not limited to the ones listed in 4.2.
- 4.9. Following-up exposures to blood borne pathogens, infectious and communicable diseases, and other health exposures, as requested by the New Hampshire Hospital and/or Division of Public Health Services.
- 4.10. Providing chest radiographic services for employees who present with a positive Tuberculin Skin Test (TST).
- 4.11. Forwarding all of the aforementioned documentation for New Hampshire Hospital employees to the New Hampshire Hospital's Human Resources Department at 36 Clinton Street, Concord NH 03301.
- 4.12. Forwarding all of the aforementioned documentation for Division of Public Health Services employees to the Administrator II at the Department of Health and Human Services, Human Resources, 129 Pleasant Street, Concord NH 03301.
- 4.13. Providing access and the ability to collect and print lab results.
- 4.14. Attending quarterly meetings with New Hampshire Hospital Infection Prevention.
- 4.15. Maintaining current health records on all referrals from the New Hampshire Hospital and the Division of Public Health Services. Records shall contain at minimum:
 - 4.15.1. Verification of all services requested; and
 - 4.15.2. Result/findings of the above request (including any declination forms).
4. Exhibit A, Scope of Services, Paragraph 5.1.3 to read:
 - 5.1.3. Have certification, training regarding blood borne pathogens (in accordance to the OSHA blood borne pathogen standard) and competency to perform the duties in Sections 3 and 4 of the Scope of Services.



5. Delete and Replace Exhibit A, Scope of Services, Paragraph 6. Reporting with the following:

6. Reporting

- 6.1 The Contractor shall submit a quarterly Specimen Collection Quality Assurance Report. Copies of the report shall be sent via email to the Director of Standards and Quality Management, the Infection Prevention Practitioner and the Hospital Clinical Laboratory Liaison at NHH, and shall include:
 - 6.1.1 The number of each test and profile performed;
 - 6.1.2 A list, by patient, of the tests or profiles completed;
 - 6.1.3 A list, by practitioner, of tests and profiles ordered
 - 6.1.4 A list, by dates and times, of the additional courier call-backs, and the associated costs;
 - 6.1.5 A list, by patient, of all rejected specimens; and
 - 6.1.6 Other reports upon request, e.g., a summary of reported issues.
- 6.2 The Contractor shall provide a minimum of ten (10) copies of the Specimen Collection Manual one to each of the six (6) patient care units, and others, as designated, with updates as necessary at no additional cost to the New Hampshire Hospital.
 - 6.2.1 one copy shall be sent via e-mail to the New Hampshire Hospital Infection Prevention Department.
 - 6.2.2 any infection prevention communication shall be sent via email to the Infection Prevention Department.
- 6.3 The Contractor shall provide a quarterly statistical summary of all Employee and Occupational Health Services to the NHH Human Resource Coordinator II and to Administrator II at DHHS, Human Resources, which shall include but not be limited to:
 - 6.3.1 Name of Employee;
 - 6.3.2 Date of service;
 - 6.3.3 Type of test (e.g. pre-hire, physical capacity, worker's compensation return to work etc.);
 - 6.3.4 Immunization type; and
 - 6.3.5 the cost.

6. Exhibit B, Method and Conditions Precedent to Payment, Paragraph 1 to read:

- 1. This contract is funded with a combination of federal funds and general funds anticipated to be available based upon continued appropriation.
 - 1.1. Funds are conditioned upon continued support of the program by the state and federal governments.
 - 1.2. Department access to supporting federal funding is dependent upon the selected Contractor meeting the requirements in accordance with the:
 - 1.2.1. U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Medical Assistance Program, Catalog of Federal Domestic Assistance (CFDA #) 93.778, Federal Award Identification Number (FAIN) NH20144.
 - 1.2.2. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Catalog of Federal Domestic Assistance (CFDA) #93.074, Federal Award Identification Number (FAIN) U90TP000535.

New Hampshire Department of Health and Human Services
Laboratory and Pathology Services and Employee Health Services



7. Exhibit B, Method and Conditions Precedent to Payment, Paragraph 5 to read:
 5. Payment for Employee Health Services shall be paid to the contractor within thirty (30) days upon receipt of the monthly invoice and approval of New Hampshire Hospital's financial officer or designee for New Hampshire Hospital employees or the Division of Public Health Service's financial officer or designee.
8. Add Exhibit B, Method and Conditions Precedent to Payment, Paragraph 5.1.6:
 - 5.1.6 Visual color discrimination exams (no additional charge is part of the exam)
9. Add Exhibit B, Method and Conditions Precedent to Payment, Paragraph 5.1.7:
 - 5.1.7 Screening employees for occupational exposure to chemicals, including but not limited to heavy metals, lead, etc.

5.1.7.1 9150 Mercury, Blood	\$26.20
5.1.7.2 9152 Arsenic, Blood	\$31.00
5.1.7.3 9171 Lead, Blood (Venous)	\$21.00
5.1.7.4 9759 Zinc Protoporphyrin	\$55.20
10. Add Exhibit B, Method and Conditions Precedent to Payment, Paragraph 5.2.7:
 - 5.2.7 Mumps, Measles and Rubella (single mumps vaccine not available in U.S.) \$66.00
11. Add Exhibit B, Method and Conditions Precedent to Payment, Paragraph 5.2.8:
 - 5.2.8 Rabies (generally requires 3 injections) \$337.00 (per injection)
12. Add Exhibit B, Method and Conditions Precedent to Payment, Paragraph 5.2.9:
 - 5.2.9 Injection fee is added whenever an injection, immunization is given \$14.50
13. Add Exhibit B, Method and Conditions Precedent to Payment, Paragraph 5.5:
 - 5.5. Other injection, immunizations and screenings not listed above or on Exhibit B-1, as pre-approved by the New Hampshire Hospital's Administrator of Patient Care Services (Director of Nursing) or Designee and/or the Division of Public Services' Chief, Infectious Disease Prevention, Investigation & Care Services Section, Bureau of Infectious Disease Control, or Bureau Chief, Bureau of Laboratory Services, or Designees.
14. Add Exhibit B, Method and Conditions Precedent to Payment, Paragraph 5.6:
 - 5.6 The monthly invoice shall contain:
 - 5.6.1 Name of Employee;
 - 5.6.2 Date of service;
 - 5.6.3 Type of test (e.g. pre-hire, physical capacity, worker's compensation return to work etc.);
 - 5.6.4 Immunization type; and
 - 5.6.5 The cost.



15. Add Exhibit B, Method and Conditions Precedent to Payment, Paragraph 5.7:

**5.7 The monthly invoices shall be sent to the following addresses listed in 5.7.1 and 5.7.2:
dependent on requesting party.**

**5.7.1 New Hampshire Hospital Financial Services
36 Clinton Street
Concord NH 03301**

**5.7.2 Division of Public Health Services
Financial Administrator
Bureau of Infectious Disease Control (BIDC)
29 Hazen Drive
Concord NH 03301**

New Hampshire Department of Health and Human Services
Laboratory and Pathology Services and Employee Health Services



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

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

6/30/16
Date

State of New Hampshire
Department of Health and Human Services

Robert J. MacLeod
Robert J. MacLeod
Chief Executive Officer
New Hampshire Hospital

7/8/16
Date

State of New Hampshire
Department of Health and Human Services

Marcella J. Bobinsky
Marcella J. Bobinsky
Acting Director
Division of Public Health Services

6/1/16
Date

Concord Hospital

Robert P. Steigman
Name Robert P. Steigman
Title President & CEO

Acknowledgment:
State of New Hampshire County of Merrimack on June 1, 2016, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Christina Decato
Name and Title of Notary or Justice of the Peace



New Hampshire Department of Health and Human Services
Laboratory and Pathology Services and Employee Health Services



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

OFFICE OF THE ATTORNEY GENERAL

9/4/16
Date

[Signature]
Name: Megan A. York
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 HEALTH AND HUMAN SERVICES
NEW HAMPSHIRE HOSPITAL

Nicholas A. Toumpas
Commissioner

Robert J. MacLeod
Chief Executive Officer

36 CLINTON STREET, CONCORD, NH 03301
603-271-5300 1-800-852-3345 Ext. 5300
Fax: 603-271-5845 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

March 18, 2015

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, New Hampshire Hospital to enter into a **retroactive** agreement with Concord Hospital, Inc. (Vendor # 177653-B003), 250 Pleasant Street, Concord, NH 03301, for the provision of Laboratory and Pathology Services and Employee Health Services in the amount not to exceed \$645,000, effective retroactive to January 1, 2015 upon Governor and Executive Council approval through June 30, 2017. This request is funded with 42 % Other Funds (Medicare, Medicaid & third party insurance), 27 % General Funds and 31 % Federal Funds.

Funds are available in State Fiscal Year 2015 and are anticipated to be available in the following account in State Fiscal Year 2016 and State Fiscal Year 2017 upon the availability and continued appropriation of funds in the future operating budget with the ability to adjust encumbrances between State Fiscal Years, through the Budget office if needed and justified.

05-095-940010-8750000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, ACUTE PSYCHIATRIC SERVICES

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2015	101-500729	Medical Providers	94057300	\$129,000
SFY 2016	101-500729	Medical Providers	94057300	\$258,000
SFY 2017	101-500729	Medical Providers	94057300	\$258,000
			Total	\$645,000

EXPLANATION

This is a **retroactive** request because the initial Request for Proposals, posted in August, did not result in any qualified proposals. The Request for Proposals was revised and reposted in October with a closing date in November. The Department and the vendor were unable to finalize the contract terms prior to the contract expiration date.

Laboratory and Pathology Services include autopsy services, routine and special testing of blood samples to detect disease and other medical problems that affect the health of New Hampshire Hospital's patients. Patients at New Hampshire Hospital require the unique and specific laboratory tests that are required prior to prescription of psychoactive medicines and the ongoing monitoring of blood levels of these medicines, which is a necessary part of treatment for mental illness. In order to provide quality patient care these required services need to be fast and efficient.

Employee Health Services are essential due to the following factors: 1) remaining compliant with the American with Disabilities Act (ADA); 2) reducing the high cost of workers' compensation claims for conditions such as repetitive motion syndrome, stress related illnesses, and lifting injuries involving backs, shoulders, and knees; and 3) Screening for other communicable diseases/recognized illnesses such as Hepatitis B, Mumps, and drug resistant Tuberculosis.

New Hampshire Hospital does not have its own laboratory. Due to the volume of admissions per year of complex patients with both psychiatric and co-existing medical conditions, and the need to provide job related testing to employees the demand for acute, reliable and timely testing of blood and other body fluids is critical.

This contract was competitively bid. On August 1, 2014 and October 7, 2014 the Department issued a Request for Proposals to solicit proposals from organizations/companies for the provision of Laboratory and Pathology Services and Employee and Occupational Health Services. The request for proposals was available on the Department of Health and Human Services website from August 1, 2014 through August 11, 2014 and from October 16, 2014 through November 14, 2014. There were two proposals submitted.

The proposals were evaluated by a team of Department of Health and Human Services employees with knowledge of the laboratory and pathology services and the employee and occupational health services at New Hampshire Hospital. The team also included staff with significant business and management expertise.

The proposals were evaluated based on the criteria published in the Request for Proposals. Concord Hospital was selected. The bid summary is attached.

The attached contract calls for the provision of these services for two and one half years and reserves the right to renew the agreement for up to two additional years, based upon satisfactory delivery of services, continued availability of support funds, and Governor and Executive Council approval.

Should the Governor and Executive Council determine not to approve this request, there is potential for patient medical services to be billed at significantly higher costs, patient care may be compromised as New Hampshire Hospital does not have the specialized resources to perform these services, and patient and employee health may be compromised if newly hired staff are not properly screened for communicable diseases and illnesses.

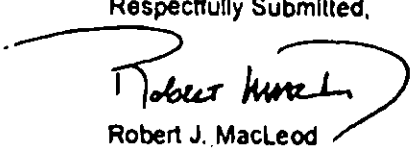
Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
Page 3 of 3

Area Served: New Hampshire Hospital, Concord, NH

Source of Funds: 42 % Other Funds (Medicare, Medicaid & third party insurance), 27 % General Funds and 31 % Federal Funds from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Medical Assistance Program, Code of Federal Domestic Assistance Number (CFDA) 93.778, Federal Award Identification Number (FAIN) NH 20144.

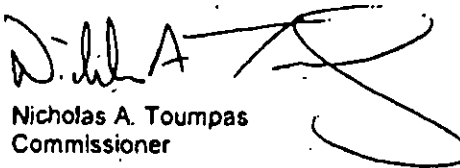
In the event that the federal funds become no longer available, no further general funds will be requested to support this contract.

Respectfully Submitted,



Robert J. MacLeod
Chief Executive Officer

Approved by:



Nicholas A. Toumpas
Commissioner



New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet

Laboratory and Pathology Services and
Employee and Occupational Health Services

15-DHHS-DCBCS-NHH-11

RFP Name

RFP Number

Reviewer Names

Bidder Name

1. Catholic Medical Center
2. Concord Hospital
3. 0
4. 0
5. 0

Pass/Fail	Maximum Points	Actual Points
	100	52
	100	82
	100	0
	100	0
	100	0

1. Diane Hill, Nursing Coordinator, NHH (Tech)
2. Diane Viger, Nursing Coordinator, NHH (Tech)
3. Suzanne Belanger, Nursing Coordinator, NHH (Tech)
4. Donna Ferland, Finance Administrator, NHH (Cost)
5. Ed Lovepy, Business Administrator, OBO (Cost)
6. Philip J. Nadeau, Financial Analyst, OBO (Cost)
- 7.



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

Steven J. Kelleher
Acting Commissioner

February 13, 2015

Nicholas Toumpas, Commissioner
State of New Hampshire
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-3857

Dear Commissioner Toumpas:

This letter represents formal notification that the Department of Information Technology (DoIT) has approved your agency's request to enter into an agreement for the provision of Laboratory and Pathology Services and Employee and Occupational Health Services for the benefit of the Department of Health and Human Services with Concord Hospital as described below and referenced as DoIT No. 2015-075.

Concord Hospital, shall provide reliable and timely testing of blood and body fluids. The Concord Hospital will also provide access and the ability to collect and print lab results on-line at no additional cost to the Hospital. Additionally, Concord Hospital will ensure that data is provided to the New Hampshire Hospital by compact disc and in sufficient detail for the Hospital to bill Medicare, Medicaid or other payers. The Contract will be effective upon Governor and Executive Council approval retroactive to January 1, 2015 through June 30, 2017. Contract total amount is \$645,000.

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

Sincerely,


Steven J. Kelleher

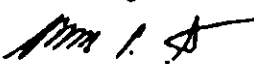
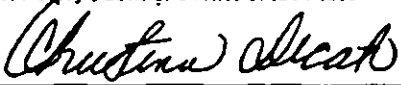
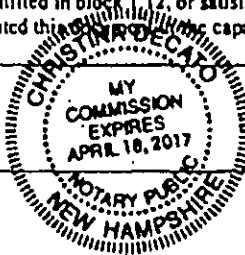
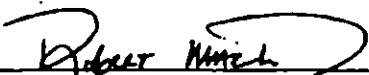
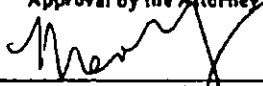
SJK/mh
DoIT No. 2015-075

cc: Ruth Eisman, DHHS
Leslie Mason, BFA Contracts Unit

Subject: Laboratory and Pathology Services and Employee and Occupational Health Services**AGREEMENT**

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

GENERAL PROVISIONS**1. IDENTIFICATION.**

1.1 State Agency Name Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord NH 03301	
1.3 Contractor Name Concord Hospital		1.4 Contractor Address 250 Pleasant Street Concord NH 03301	
1.5 Contractor Phone Number 603-225-2711	1.6 Account Number 05-095-094-940010- 87500000-101-500729- 94029200	1.7 Completion Date June 30, 2017	1.8 Price Limitation \$645,000
1.9 Contracting Officer for State Agency Eric D. Borrin		1.10 State Agency Telephone Number 603-271-9558	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Robert P. Steigmeyer	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Merrimack</u> On <u>2/27/15</u> before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that she executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace (Seal) 			
1.13.2 Name and Title of Notary or Justice of the Peace 			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Robert J. MacLeod, CEO	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  Megan A. Goble, Attorney On: 2/27/15			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all 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, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. **TERMINATION.** In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination

Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. **CONTRACTOR'S RELATION TO THE STATE.** In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. **ASSIGNMENT/DELEGATION/SUBCONTRACTS.** The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the N.H. Department of Administrative Services. None of the Services shall be subcontracted by the Contractor without the prior written consent of the State.

13. **INDEMNIFICATION.** The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per occurrence; and

14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each

certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("Workers' Compensation").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH: No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire.

19. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

New Hampshire Department of Health and Human Services
New Hampshire Hospital
Laboratory and Pathology Services and Employee Health Services
Exhibit A



Scope of Services

1. The Contractor will perform all laboratory and pathology services required by New Hampshire Hospital (the Hospital) including autopsy services and provide employee and occupational health services.
2. The contractor will submit a detailed description of the language assistance services they will provide to persons with limited English Proficiency to ensure meaningful access to their programs and/or services.
3. **Laboratory and Pathology Services:**
 - 3.1. The Contractor shall provide all pathology and laboratory services, which include laboratory services referenced, that meet the requirements of The Joint Commission, the Clinical Laboratory Improvement Act of 1988 (CLIA), as amended, or any other applicable accrediting bodies.
 - 3.2. The Contractor shall notify the Hospital in writing within five (5) working days after receiving notification that:
 - 3.2.1. Any of the above-mentioned services do not meet these requirements; or
 - 3.2.2. The Contractor as a whole did not meet The Joint Commission or any other applicable accrediting agencies requirements.
 - 3.3. The Contractor shall provide all consumable supplies necessary to conduct all tests described in this contract, at no additional cost to the Hospital.
 - 3.3.1. Materials may be ordered on the supply order form or by phoning the laboratory directly.
 - 3.3.1.1. Materials will be delivered on the next courier run after the receipt of the request.
 - 3.4. The Contractor shall perform all pathology and laboratory services at the Contractor's facility or a reference laboratory that meets the aforementioned requirements. The Contractor shall notify the Hospital of any change in reference laboratories.
 - 3.5. The Contractor shall be responsible for the following frequency of lab tests, performance, and pick- ups:
 - 3.5.1. Routine tests are to be performed once daily, potentially seven (7) days per week, except for chemistry profiles on Thanksgiving, Christmas, and New Year's Day;
 - 3.5.2. Routine surgical pathology is to be completed daily, Monday through Friday;
 - 3.5.3. STAT specimens shall be picked up upon request, at the Hospital specified locations, via courier as needed twenty-four (24) hours per day, seven (7) days

New Hampshire Department of Health and Human Services
New Hampshire Hospital
Laboratory and Pathology Services and Employee Health Services
Exhibit A



per week. The Hospital shall pay the Contractor \$25.00 per visit for STAT pick-ups that fall outside the routine and additional pick-up times as specified below.

- 3.5.4. All STAT tests are to be performed within one (1) hour of receipt of specimen.
- 3.5.5. Routine pick-ups for specimens up to three (3) times per day, Monday through Friday, at 8:30 am, 11:30 am, and 4:00 pm and one (1) routine pick-up on Saturdays:
 - 3.5.5.1. No routine pick-ups on major holidays:
 - 3.5.5.1.1. New Year's Day;
 - 3.5.5.1.2. Memorial Day;
 - 3.5.5.1.3. Independence Day;
 - 3.5.5.1.4. Labor Day;
 - 3.5.5.1.5. Thanksgiving Day; and
 - 3.5.5.1.6. Christmas Day.
- 3.5.6. Additional pick-ups for specimens shall be made at 2:30 p.m., Monday through Friday and 9:00 a.m., based on telephone calls notifying the Contractor that the specimens are ready.
- 3.6. The Contractor shall determine through visual inspection prior to testing a specimen whether its handling is in compliance with protocol and valid test results are possible. When a specimen is rejected:
 - 3.6.1. The Contractor shall not conduct that test and must immediately notify the appropriate Hospital patient care unit; and
 - 3.6.2. Notify the Hospital's clinical laboratory liaison, each month, through the established reporting process with the reason for rejection.
- 3.7. The Contractor shall perform routine assays on the day of specimen receipt.
 - 3.7.1. The Contractor shall deliver results to the Hospital by 4:00 p.m. that same day.
 - 3.7.2. STAT testing is reported within one (1) hours of receipt at the contractor's lab.
 - 3.7.3. Printed copies of all laboratory results shall be forwarded to the appropriate clinician for review and to the Infection Control Practitioner (ICP).
 - 3.7.4. Turn-around time shall be maintained in a manner suitable to the clinical situation in which the tests are requested.
- 3.8. The Contractor shall provide autopsy services, seven (7) days per week, including but not limited to:
 - 3.8.1. A pathologist on call seven (7) days per week;

New Hampshire Department of Health and Human Services
New Hampshire Hospital
Laboratory and Pathology Services and Employee Health Services



Exhibit A

- 3.8.2. Delivery and pickup of the remains through a local licensed funeral home;
- 3.8.3. A provisional anatomic diagnosis within seventy-two (72) hours; and
- 3.8.4. A complete report and diagnosis provided to the Hospital within sixty (60) days.
- 3.9. The Contractor shall perform and report emergency or abnormal test results or others requested by a physician:
 - 3.9.1. In a timely fashion consistent with clinical appropriateness;
 - 3.9.1.1. Critical results will be called with fifteen (15) minutes of verification.
 - 3.9.2. To the patient care unit or directly to the practitioner by:
 - 3.9.2.1. Calling and/or faxing, except on weekends; and
 - 3.9.2.2. Followed by printed copies for the medical record.
- 3.10. The Contractor shall report laboratory results on a standard form approved by the Hospital which includes:
 - 3.10.1. The date and time a specimen was collected;
 - 3.10.2. The date and time a specimen was received by the laboratory and completed;
 - 3.10.3. The technologist's initials; and
 - 3.10.4. The pathologist's review, where appropriate.
- 3.11. The Contractor shall provide access and the ability to collect and print lab results on-line at no additional cost to the Hospital:
 - 3.11.1. Access to on-line laboratory results is through a secure Physician Portal.
 - 3.11.2. The Contractor and the Hospital shall cooperate in the development of enhancements to computerized reporting systems.
- 3.12. The Contractor shall notify the Infection Control Practitioner (ICP), within (1) working day, of any laboratory findings that indicate a disease reportable to the NH Division of Public Health Services.
- 3.13. The Contractor shall provide the antimicrobial susceptibility summary annually to the Infection Control Practitioner (ICP).
- 3.14. The Contractor shall provide Phlebotomy services, including the transportation of collected specimens at no additional cost to the Hospital on a mutually agreed routine schedule to collect difficult draws.
- 3.15. The Contractor shall establish a standard of practice for obtaining and processing specialized phlebotomy draws, such as, arterial blood gases, and ammonia blood levels.

New Hampshire Department of Health and Human Services
New Hampshire Hospital
Laboratory and Pathology Services and Employee Health Services



Exhibit A

- 3.15.1. The Contractor will provide a Laboratory Services Handbook and on-line access to the Hospital for standards of practice for specialized phlebotomy draws.
- 3.16. The Contractor shall provide call back on STAT phlebotomy upon request and have a charge as specified in Exhibit B. The transporting of these STAT collected specimens to the Contractor's laboratory shall be at no additional cost to the Hospital.
- 3.16.1. Phlebotomists employed by the Contractor will perform a venipuncture for the process of obtaining blood, from veins only.
- 3.16.2. Patients requiring arterial blood gasses shall be transported to Concord Hospital for the arterial venipuncture by qualified staff from the Respiratory Therapy Department.
- 3.17. The Contractor shall perform therapeutic drug monitoring including active metabolites on the following list of substances.
- 3.17.1. Turn-around times shall range from twenty-four (24) hours to up to seven (7) days from the time samples are received at the testing laboratory to the forwarding of results.
- 3.17.1.1. All antipsychotic and antidepressant drug monitoring shall be through use of High Performance Liquid Chromatographic (HPLC) techniques using both ultraviolet and electro-chemical detection.
- 3.17.2. Laboratory methodology shall include:
- 3.17.2.1. Detection;
- 3.17.2.2. Identification; and measurement of psychoactive metabolites of all samples submitted.
- 3.17.3. Levels of parent drug and relevant active metabolites shall be included in direct and follow-up reports.

Antidepressant Drugs

Generic Name	Trade Name	Cost	Turn Around Time (business days)
Bupropion	Wellbutrin	\$40.35	1-5
citalopram	Celexa	\$157.00	3-10
clomipramine	Anafranil	\$42.00	5-8
duloxetine	Cymbalta	\$183.00	7-10
escitalopram	Lexapro	\$183.69	3-10
fluoxetine	Prozac	\$20.02	1-5

New Hampshire Department of Health and Human Services
New Hampshire Hospital
Laboratory and Pathology Services and Employee Health Services



Exhibit A

fluvoxamine	Luvox	\$121.00	3-10
mirnazapine	Remeron	\$119.90	1-5
nefazodone	Serzone	\$104.50	3-9
paroxetine	Paxil	\$111.10	3-10
phenelzine	Nardil	\$536.00	3-10
sertraline	Zoloft	\$60.98	1-5
tranylcypromine	Parnate	\$135.30	5-8
trazodone	Desyrel	\$51.00	5-8
venlafaxine	Effexor	\$275.00	5-8

Antipsychotic Drugs

Generic Name	Trade Name	Cost	Turn Around Time (business days)
aripiprazole	Abilify	\$183.70	7-10
chlorpromazine	Thorazine	\$60.68	1-5
clozapine	Clozaril	\$11.77	1-2
fluphenazine	Prolixin	\$61.32	1-5
haloperidol	Haldol	\$27.72	1-4
olanzapine	Zyprexa	\$70.84	1-5
Paliperidone	New per usage	\$25.69	1-5
perphenazine	Trilafon	\$61.32	1-3
pimozide	Orap	\$212.00	7-10
quetiapine	Seroquel	\$124.30	1-5
risperidone	Risperdal	\$100.00	3-10
thioridazine	Mellaril	\$112.20	3-10
thiothixene	Navane	\$32.51	1-4
ziprasidone	Geodon	\$131.00	3-10

New Hampshire Department of Health and Human Services
New Hampshire Hospital
Laboratory and Pathology Services and Employee Health Services



Exhibit A

Mood Stabilizers

Generic Name	Trade Name	Cost	Turn Around Time (business days)
carbamazepine	Tegretol	\$12.51	1-4
Valproic acid	Depakote	\$11.64	1-4
gabapentin	Neurontin	\$20.02	1-2
lamotrigine	Lamictal	\$11.77	Within 24 hours
Lithium	Lithobid	\$5.68?	1-4
oxcarbazepine	Trileptal	\$24.64	1-2
tiagabine	Gabitril	\$75.88	3-5
topiramate	Topamax	\$39.48	Within 24 hours

3.18. The Contractor shall provide in-services training for nursing or other personnel at no charge to the Hospital. This shall include, but not be limited to:

3.18.1. Any changes related to laboratory services.

3.18.2. Education related to equipment supplied.

3.18.3. Any changes in collection practices.

3.18.4. Continuing education conferences of interest, which are held, at Concord Hospital for the physician community.

3.19. The Contractor shall provide professional services for the Hospital Clinical Pathology Conferences.

3.20. The Contractor shall provide up to six yearly continuing education conferences, as agreed upon by the Hospital and the Contractor.

3.21. The Contractor shall supply appropriate requisition forms to the Hospital at no additional cost.

3.22. The Contractor shall ensure that data provided to the Hospital is in a computerized form and is in sufficient detail for the Hospital to bill Medicare, Medicaid or other payors.

3.22.1. The Contractor will provide a compact disc with the following information for billing purposes:

3.22.1.1. Patient name;

3.22.1.2. Date of service;

New Hampshire Department of Health and Human Services
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Laboratory and Pathology Services and Employee Health Services



Exhibit A

- 3.22.1.3. New Hampshire Hospital Medical Record Number;
- 3.22.1.4. New Hampshire Hospital location;
- 3.22.1.5. CPT-4 Code;
- 3.22.1.6. Diagnosis 1;
- 3.22.1.7. Diagnosis 2;
- 3.22.1.8. Description of service (test description and Concord Hospital order SIM number);
- 3.22.1.9. Units of service performed;
- 3.22.1.10. Price and price extension; and
- 3.22.1.11. Ordering physician's name.
- 3.23. The Contractor shall meet with the Hospital once per quarter and as necessary to discuss the quality and appropriateness of services and mutually resolve identified problems.
- 3.24. The Contractor shall provide the Hospital with information regarding the objective criteria, such as, a quality control surveillance program, established to review and monitor the services provided to the Hospital.

4. Employee Health Services

The Contractor shall provide employee health services which include but are not limited to:

- 4.1. Complying with employee health policies in accordance with OSHA and U.S. Public Health Services guidelines.
- 4.2. Screening newly hired employees for communicable diseases.
- 4.3. Screening newly hired employees for measles, rubella, and varicella.
- 4.4. Referring newly hired employees showing any signs of potential added risk in the performance of their job duties to their Personal Care Physician.
- 4.5. Conducting pre-placement physical screening, including medical and occupational history review.
- 4.6. Conducting physical capacity exams that shall not duplicate exams performed under the workers' compensation program for:
 - 4.6.1. Newly transferred employees;
 - 4.6.2. New employees;
 - 4.6.3. Those returning after injury or major illness; and
 - 4.6.4. As requested by Human Resources, employees with performance problems.

New Hampshire Department of Health and Human Services
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Laboratory and Pathology Services and Employee Health Services
Exhibit A



- 4.7. Providing immunization or screening in accordance with Occupational Safety Health Administration (OSHA) blood borne pathogen standard.
- 4.8. Following-up exposures to blood borne pathogens as per the Hospital's request.
- 4.9. Providing chest radiographic services for employees who present with a positive Tuberculin Skin Test (TST).
 - 4.9.1. Forwarding all of the aforementioned documentation to the New Hampshire Hospital's Human Resources Department.
- 4.10. Providing access and the ability to collect and print lab results.
- 4.11. Attending quarterly meetings with NHH Infection Prevention and Employee Prevention team.
- 4.12. Maintaining current health records on all consultants assigned to the NHH. Records shall contain at minimum:
 - 4.12.1. Verification of TST screening; or
 - 4.12.2. Symptom review screening.

5. Staffing

- 5.1. The Contractor shall ensure that employees who will be present on the Hospital campus:
 - 5.1.1. Have documentation of a criminal background check, which demonstrates not criminal offences;
 - 5.1.2. Is available to complete a thirty (30) minute NHH orientation regarding patient confidentiality and boundaries; and
 - 5.1.3. Have certification and competency to perform the duties in Sections 3 and 4 of the Scope of Services.
- 5.2. The Contractor shall provide documentation of 5.1, upon request of the Hospital.

6. Reporting

- 6.1. The Contractor shall submit a quarterly Specimen Collection Quality Assurance Report. Copies of the report shall be sent via email to the Director of Standards and Quality Management and the Hospital Clinical Laboratory Liaison, and shall include:
 - 6.1.1. The number of each test and profile performed;
 - 6.1.2. A list, by patient, of the tests or profiles completed;
 - 6.1.3. A list, by practitioner, of tests and profiles ordered
 - 6.1.4. A list, by dates and times, of the additional courier call-backs, and the associated costs;

New Hampshire Department of Health and Human Services
New Hampshire Hospital
Laboratory and Pathology Services and Employee Health Services



Exhibit A

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- 6.1.5. A list, by patient, of all rejected specimens; and
 - 6.1.6. Other reports upon request, e.g., a summary of reported issues.
 - 6.2. The Contractor shall provide a minimum of ten (10) copies of the Specimen Collection Manual one to each of the eight (8) patient care units, and others, as designated, with updates as necessary at no additional cost to the hospital.
 - 6.3. The Contractor shall provide a quarterly statistical summary of all Employee and Occupational Health Services to the NHH Human Resource Coordinator II, which shall include but not be limited to:
 - 6.3.1. Name of Employee;
 - 6.3.2. Date of service;
 - 6.3.3. Type of test (e.g. pre-hire, physical capacity, worker's compensation return to work etc.); and
 - 6.3.4. Immunization type.



Method and Conditions Precedent to Payment

1. This contract is funded with a combination of federal funds and general funds anticipated to be available based upon continued appropriation. Funds are conditioned upon continued support of the program by the state and federal governments. Department access to supporting federal funding is dependent upon the selected Contractor meeting the requirements in accordance with the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Medical Assistance Program, Catalog of Federal Domestic Assistance (CFDA #) 93.778, Federal Award Identification Number (FAIN) NH20144.
2. The State shall pay the Contractor an amount not to exceed the Price Limitation on Form P37, Block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
3. Payment for expenses shall be on a cost reimbursement basis only for actual expenditures.
4. Payment for Laboratory and Pathology services performed shall be paid to the contractor within thirty (30) days upon receipt of the monthly invoice and approval of the Hospital's financial officer or designee:
 - 4.1. The monthly invoice shall contain the following information:
 - 4.1.1. Patient Name;
 - 4.1.2. Date of service;
 - 4.1.3. Test performed;
 - 4.1.4. Ordering practitioner; and
 - 4.1.5. Test charge, including Current Procedural Terminology (CPT) number.
 - 4.2. Cost of services shall agree with the fee schedule as listed on attachment (See Exhibit B-1).
 - 4.3. Laboratory slips shall be mailed to the New Hampshire Hospital Billing Office monthly at:
New Hampshire Hospital Billing Office
36 Clinton Street
Concord NH 03301.
 - 4.4. No less than monthly, the following billings summaries will be provided to the Hospital Financial Services Office at the address listed below and include the following:
New Hampshire Hospital Financial Services
36 Clinton Street
Concord NH 03301
 - 4.4.1. The number of each test and profile performed with the associated cost;
 - 4.4.2. A list, by patient/resident, of the tests or profiles completed and the costs associated with each;
 - 4.4.3. A list, by physician, of test and profiles ordered and their associated costs;
 - 4.4.4. A list, by patient/resident, of the phlebotomy collections completed and the costs associated with each; and
 - 4.4.5. A list, by dates and times, of the additional courier call backs, and the associated costs.
5. Payment for Employee Health Services shall be paid to the contractor within thirty (30) days upon receipt of the monthly invoice and approval of the Hospital's financial officer or designee.
 - 5.1. Examinations/Screenings:

ALP
2/2/15

New Hampshire Department of Health and Human Services
New Hampshire Hospital
Laboratory and Pathology Services and Employee Health Services
Exhibit B



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- | | |
|--|--------------------|
| 5.1.1. Pre-placement health screening including medical and occupational history review | \$42.00 |
| 5.1.2. Pre-placement health screening & contract employee | |
| 5.1.3. If PCP risk is determined | \$52.00 |
| 5.1.4. Physical Capacity Exams | \$52.00 |
| 5.1.5. Chest X-ray | \$168.30 |
| 5.2. Injections, immunizations, and screening upon Hospital's request at the Contractor's Facility utilizing Contractor's Vaccine: | |
| 5.2.1. Hepatitis B vaccine & injection | \$64.50 |
| 5.2.2. Measles | \$15.07 |
| 5.2.3. Rubella | \$16.32 |
| 5.2.4. Varicella | \$15.07 |
| 5.2.5. TB test | \$12.50 |
| 5.2.6. Venipuncture is added whenever lab draw performed | \$15.50 |
| 5.3. Respirator medical clearance exams: | |
| 5.3.1. Review of OSHA mandatory respirator questionnaire only. | \$10.00 |
| 5.3.2. Respirator medical clearance exam. | \$60.00 |
| 5.3.3. Respirator medical clearance exam with spirometry | \$126.00 |
| 5.3.4. Respirator fit test | \$43.00 |
| 5.4. Other services as required including: | |
| 5.4.1. Attending quarterly meetings with NHH Infection Prevention and NHH Human Resources | no additional cost |
| 5.4.2. Counseling | no additional cost |
| 5.4.3. Written reports to Hospital management | no additional cost |
| 5.4.4. STAT pick-ups (that fall outside the routine and additional pick-up times as specified in Exhibit A, Section 3.5) | \$25.00 |
| 5.4.5. Routing Phlebotomy venipuncture | \$15.50 |
6. Payments may be withheld pending receipt of required reports, summaries, and updates as defined in Exhibit A.
7. A final payment request shall be submitted no later than sixty days after the contract ends.
8. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement; and
9. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.

[Signature]
01/01/15

Exhibit B-1

Concord Hospital Laboratory
Fee Schedule SFY15+SY16+SFY17

TESTCODE	TEST DESCRIPTION	SIM	CPT	SFY15-SFY17
ABO	ABO Group	3800	86900	\$ 4.08
ABSG	Antibody Screen	3010	86850	\$ 11.83
ACETA	Acetaminophen	8302	82003	\$ 7.65
ACETN	Acetone	8311	82009	\$ 5.28
ACTR	Acetylcholine Rec Binding	9008	83519	\$ 42.74
AFBCX	AFB Culture	4212	87116	\$ 12.63
AFBST	AFB Stain	4213	87206	\$ 6.28
ALB	Albumin	7380	82040	\$ 5.78
ALC1	Ethanol, Serum	8310	82055	\$ 12.63
ALDO	Aldolase, Serum	9021	82085	\$ 14.18
ALDS	Aldosterone, Serum	9024	82088	\$ 59.54
ALEAD	Lead Adult, Blood, Quant	9484	83655	\$ 14.15
ALP	Alk Phos	7390	84075	\$ 6.05
ALT	ALT-SGPT	7115	84460	\$ 6.18
AMITR	Amitriptyline and Nortriptyline, Serum	9052	80152	\$ 26.15
AMMO	Ammonia	7385	82140	\$ 17.03
AMY	Amylase	7200	82150	\$ 7.58
ANA	ANA Screen (Reflex)	1230	86038	\$ 14.14
ANAER	Anaerobe and Aerobe Culture	4950	87070	\$ 10.07
ANAT	ANA Titer	1231	86039	\$ 15.30
APTT	PTT	5155	85730	\$ 7.02
ASL1	SURG PATH, GROSS ONLY	2300	88300	\$ 16.38
ASL2	LEVEL 2 SURG PATH	2302	88302	\$ 36.07
ASL3	LEVEL 3 SURG PATH	2304	88304	\$ 43.25
ASL4	LEVEL 4 SURG PATH	2305	88305	\$ 56.06
ASL5	LEVEL 5 SURG PATH	2307	88307	\$ 112.42
ASL6	LEVEL 6 SURG PATH	2309	88309	\$ 154.91
ASO	ASO Antibody (Reflex)	1235	86063	\$ 6.75
AST	AST-SGOT	7410	84450	\$ 6.05
B12	Vitamin B12	8720	82607	\$ 14.03
BENZQ	Benzodiazepines Profile	9028	80154	\$ 37.15
BLOOD	Culture, Blood	1260	87040	\$ 12.07
BMP	Basic Metabolic Panel	7417	80048	\$ 9.89
BNP	NT-proBNP	7267	83880	\$ 39.68
BUN	BUN	7340	84520	\$ 4.61
BUPRO	Bupropion and Metabolite	9285	80299	\$ 40.35
CSAF1	AFB Concentrate	4284	87015	\$ 7.81
CSAI1	Anaerobe Isolation	4178	87075	\$ 11.06
CSAN1	Anaerobe ID	4218	87076	\$ 9.45
CSEZ1	Enzyme, Beta Lactamase	1537	87185	\$ 1.63
CSFC1	Feces Aeromonas	4276	87046	\$ 11.03
CSFC2	Feces E Coli O157	4278	87046	\$ 11.03
CSFC3	Feces Campylobacter	4282	87046	\$ 11.03
CSFC4	Feces SalmShig	4280	87045	\$ 11.03
CSFC5	Feces Shiga Toxin 1	4327	87899	\$ 14.01
CSFC6	Feces Shiga Toxin 2	4328	87899	\$ 14.01

 Contractor Initials *AM*
 Date *2/26/15* 1

Exhibit B-1
Concord Hospital Laboratory
Fee Schedule SFY15+SY16+SFY17

TESTCODE	TEST DESCRIPTION	SIM	CPT	SFY15-SFY17
CSGR1	Gradlent 1	1536	87181	\$ 1.63
CSID1	Microbe ID 1	4126	87077	\$ 9.45
CSKB1	KirbyBauer 1	4125	87184	\$ 8.06
CSMB1	Min Cidal Conc 1	4177	87187	\$ 12.11
CSMC1	Min Inhib Conc 1	4176	87186	\$ 10.10
CSOP1	O&P Concentrate	4566	87177	\$ 10.39
CSOP2	O&P Trichrome	4567	87209	\$ 21.00
CSOP3	O&P Cryptosporidium	4568	87206	\$ 6.28
CSYT1	Yeast ID 1	1535	87106	\$ 12.07
C125	CA 125, Serum	9156	86304	\$ 24.33
CA	Calcium	7320	82310	\$ 6.03
CA125	CA 125, Serum	9156	86304	\$ 24.33
CALBK	Follow-Up Actions	9795	NOCPT	\$ 25.00
CARB	Carbamazepine	8303	80156	\$ 8.80
CBCD2	CBC With Auto Diff	5140	85025	\$ 7.07
CBLK	CELL BLOCK	2305	88305	\$ 56.06
CDIF2	C. difficile Toxin, PCR	4317	87493	\$ 13.39
CEA	CEA	8204	82378	\$ 19.40
CHLOR	Chlorpromazine	9164	84022	\$ 60.68
CHOL	Cholesterol	7360	82465	\$ 5.09
CK	CK, Total	7100	82550	\$ 7.61
CKISO	CK, w/Isoenzyme	7101	82550	\$ 7.61
CKMB	CK-MB	7998	82553	\$ 9.06
CL	Chloride	7003	82435	\$ 5.37
CLOMP	Clomipramine and Metabolite, Serum	9229	80299X2	\$ 42.00
CLON	Clonazepam, Serum	9083	80154	\$ 27.02
CLOZ	Clozapine, Serum	9228	80299	\$ 11.77
CMP	Comprehensive Metabolic Panel	7418	80053	\$ 12.35
CO2	CO2	7004	82374	\$ 5.00
COPRS	Copper	9196	82525	\$ 14.50
CORA	Cortisol AM	8447	82533	\$ 19.05
CORP	Cortisol PM	8448	82533	\$ 19.05
CORR	Cortisol, Random	8449	82533	\$ 19.05
CORTF	Cortisol, Free	9369	82530	\$ 19.53
CREAT	Creatinine	7110	82565	\$ 5.99
CRP	CRP	1345	86140	\$ 6.05
CRPT2	CRP Titer	1346	86140	\$ 6.05
CSPOR	Cryptosporidium	1531	87272	\$ 13.39
CTONA	Chlamydia trachomatis, ONA, SDA	9068	87491	\$ 30.00
DBIL	Bilirubin, Direct	7472	82248	\$ 5.87
DECAL	DECALCIFICATION	2311	88311	\$ 5.14
DESIP	Desipramine, Serum	9249	80160	\$ 25.14
DIG	Digoxin	8530	80162	\$ 15.52
DILAN	Dilantin	8307	80185	\$ 15.49
EAR	Culture, Ear	4359	87070	\$ 10.07
EBVED	EBV Ab to Early Ag, IgG	9497	86663	\$ 15.34

11/5/2014

Contractor Initials HL

Date 2/24/15

Exhibit B-1

Concord Hospital Laboratory
Fee Schedule SFY15+SY16+SFY17

TESTCODE	TEST DESCRIPTION	SIM	CPT	SFY15-SFY17
ER/PR	ER/PR Immunohistochemistry, Each Antibody	2965	88360	\$ 49.18
EST2	Estradiol	8572	82670	\$ 32.66
EXSTD	Cytopath, Smears, Extended Study	2931	88162	\$ 32.01
EYE	Culture, Eye	4369	87070	\$ 10.07
FCHOL	Fluid Cholesterol	7886	84999	\$ 3.75
FE	Iron	8551	83540	\$ 7.57
FECW	Stain, Fecal WBC	4560	87205	\$ 4.99
FER	Ferritin	8495	82728	\$ 15.92
FLIPA	Fluid Lipase	7888	83690	\$ 9.71
FLUAG	Influenza Antigens, A & B	4330	87804	\$ 13.39
FOL	Folate	8740	82746	\$ 17.19
FSH	FSH	8811	83001	\$ 21.73
FT3	Free T3	8513	84481	\$ 11.83
FT4	Free T4	8504	84439	\$ 10.55
FTAAB	FTA-ABS	9501	86780	\$ 15.48
FTBIL	Fluid Total Bilirubin	7889	82247	\$ 3.75
FTRIG	Fluid Trlglycerides	7887	84478	\$ 4.28
FUNGS	Culture, Fungus - Skin	4272	87101	\$ 9.02
FUNGX	Culture, Fungus - Not Skin or Blood	4377	87102	\$ 9.81
GABA	Gabapentin(neurontin)	9742	80299	\$ 20.08
GC_CX	Culture, GC	4390	87081	\$ 6.74
GENIT	Culture, Genital	4395	87070	\$ 10.07
GENTR	Gentamicin, Random	8305	80170	\$ 19.16
GGTP	GGTP	7130	82977	\$ 7.36
GLU	Glucose	7020	82947	\$ 4.50
GRAM	Stain, Gram	4420	87205	\$ 4.99
HA1C	Hemoglobin A1C	8312	83036	\$ 11.34
HAIGM	Hep A IgM Antibody	8573	86709	\$ 13.16
HALDO	Haloperidol (haldol)	9377	80173	\$ 27.72
HAPTO	Haptoglobin	9883	83010	\$ 14.71
HAVTL	Hep A Antibody Total	8574	86708	\$ 14.48
HBABS	Hep B Surface Antibody (Qual)	8559	86706	\$ 12.55
HBAGC	Hep B sAg, Confirmatory	8577	87341	\$ 12.07
HBAGS	Hep B Surface Antigen	8552	87340	\$ 12.07
HBCAB	Hep B Core Ab, Total	8576	86704	\$ 14.09
HBCIM	Hep B Core IgM Ab	8575	86705	\$ 13.76
HBEAB	Hepatitis Be Antibody	9412	86707	\$ 13.53
HBEAG	Hepatitis Be Antigen	9411	87350	\$ 13.47
HCG	Beta HCG	8300	84702	\$ 15.39
HCPCR	Hep C Viral RNA, PCR Quant	9630	87522	\$ 98.74
HCT	HCT	5153	85014	\$ 2.76
HCVAB	Hep C Antibody	8578	86803	\$ 15.56
HDL	HDL Cholesterol	7365	83718	\$ 8.37
HFP	Hepatic Function Panel	7470	80076	\$ 9.55
HGB	HGB	5154	85018	\$ 2.76
HGMP2	Hemogram w/ Platelet	5138	85027	\$ 5.56

Contractor Initials AN
Date 2/24/15 3

Exhibit B-1

Concord Hospital Laboratory
Fee Schedule SFY15+SY16+SFY17

TEST CODE	TEST DESCRIPTION	SIM	CPT	SFY15-SFY17
HIVAB	HIV-1/HIV-2 Ab Screen	7228	86703	\$ 18.36
HIVRN	HIV-1 RNA, Quantitative, Real-Time PCR	9743	87536	\$ 98.74
HPABC	Acute Hepatitis Panel	8579	80074	\$ 54.53
HSCR	High Sensitivity CRP	7392	86141	\$ 20.30
IBCT	TIBC	8548	83550	\$ 10.22
IMIPP	Imipramine & Desipramine, Serum	9452	80174	\$ 25.14
INSLN	Insulin, Total	9448	83525	\$ 25.50
IUMIC	Urine Microscopic	6010	81015	\$ 3.55
KK	Potassium	7002	84132	\$ 4.70
LAMOT	Lamotrigine	9814	80299	\$ 11.77
LBLOT	Lyme, Western Blot	1445	86617	\$ 56.10
LDH	LDH	7400	83615	\$ 7.05
LEADU	Lead, Random Urine	9487	83655	\$ 14.15
LEADY	Lead, Blood, Pediatric	9482	83655	\$ 14.15
LH	LH	8810	83002	\$ 21.64
LI	Lithium	8206	80178	\$ 5.68
LIPAS	Lipase	7343	83690	\$ 8.05
LIPID	Lipid Panel	7377	80061	\$ 15.66
LYTES	Electrolytes	7010	80051	\$ 7.18
MALBR	Microalbumin, Ux Random	7473	82043	\$ 6.32
MDIFF	Manual Differential	5002	85007	\$ 2.38
MERCY	Mercury, Blood	9547	83825	\$ 30.86
MG	Magnesium	7120	83735	\$ 6.85
MMAUR	Methylmalonic Acid, Urine	9524	83921	\$ 35.74
MRSA	Staphylococcus Aureus Culture	4462	87081	\$ 6.74
MSPOT	Mononucleosis Screen	1449	86308	\$ 6.05
NA	Sodium	7001	84295	\$ 5.44
NGDNA	Neisseria gonorrhoeae, DNA, SDA	9127	87591	\$ 30.00
NOROV	Norovirus RT-PCR	9447	83907	\$ 20.20
NORTP	Nortriptyline (Aventyl)	9588	80182	\$ 24.00
OCCBD	Occult Blood, Stool	6015	82272	\$ 3.80
OCCBS	Occult Blood, Stool	6032	82270	\$ 3.80
OLANZ	Olanzapine (Zyprexa)	9730	80299	\$ 70.84
OSMOL	Osmolality, Serum	7225	83930	\$ 7.72
PAROX	Paroxetine	9534	80299	\$ 111.10
PERPH	Perphenazine, Serum/Plasma	9604	84022	\$ 61.32
PHENB	Phenobarbital, Serum	9373	80184	\$ 13.39
PHLBC	Phlebotomy Collection	8992	36415	\$ 4.00
PHLCB	Phlebotomy Call Back Fee	9718	NOCPT	\$ 75.00
PHOS	Phosphorus	7330	84100	\$ 5.54
PLT1	PLT	5157	85049	\$ 4.57
PREAL	Prealbumin	8775	84134	\$ 17.04
PREG	HCG Serum, Qualitative	5208	84703	\$ 8.78
PRGST	Progesterone	8571	84144	\$ 24.38
PRLC	Prolactin	8212	84146	\$ 19.82
PROCF	Protein C, Functional	9715	85303	\$ 91.80

11/5/2014

Contractor Initials AM
Date 2/24/15

Exhibit B-1

Concord Hospital Laboratory
Fee Schedule SFY15+SY16+SFY17

TESTCODE	TEST DESCRIPTION	SIM	CPT	SFY15-SFY17
PROLX	Prolixin (fluphenazine)	9658	84022	\$ 61.32
PROSF	Protein S, Functional	9716	85306	\$ 24.68
PROZC	Fluoxetine and Norfluoxetine, Serum	9569	80299x2	\$ 20.02
PSA-P	PSA, Prognostic	8526	84153	\$ 16.96
PSA-S	PSA, Screening	7401	G0103	\$ 16.96
PTINR	PT/INR	5159	85610	\$ 4.59
QUETI	Quetiapine(Seroquel)	9563	80299	\$ 124.30
RENAL	Renal Function Panel	7419	80069	\$ 10.14
RETIC	Retic (Automated)	5158	85045	\$ 4.68
RF	Rheumatoid Factor	1490	86430	\$ 6.63
RFT	RF Titer	1491	86431	\$ 6.63
RH	Rh Typing	3070	86901	\$ 3.49
RISPE	Risperidone	9857	80299	\$ 100.00
RPR	RPR	1500	86592	\$ 4.99
RPRT	RPR Titer	1501	86593	\$ 5.14
RUBEL	Rubella Immune Status	1510	86762	\$ 16.32
RUBEO	Rubeola Immune Status	1512	86765	\$ 15.07
RUBLG	Rubella Antibody IgG	9692	86762	\$ 16.83
SAL	Salicylate	8301	80196	\$ 8.18
SCLER	Scleroderma(Scl-70)Ab	9081	86235	\$ 20.96
ESRA	Sedimentation Rate, Automated	5152	85652	\$ 3.16
SERTR	Sertraline(Zoloft)	9693	80299	\$ 60.98
SGIAR	Giardia	1531	87269	\$ 13.39
SMMAB	Smooth Muscle Antibody	9078	83516	\$ 13.39
SPUTM	Culture, Sputum	4530	87070	\$ 10.07
STRAG	Strep Group A Antigen	4249	87880	\$ 10.20
STRPA	Strep Group A Culture	4605	87081	\$ 6.74
T3	Total T3	8514	84480	\$ 14.50
T4	Thyroxine, Total(T4)	8510	84436	\$ 6.74
TBIL	Total Bilirubin	7210	82247	\$ 5.87
TEST	Testosterone	8570	84403	\$ 30.17
TESTF	Testosterone, Free, Serum	9405	84402	\$ 28.42
THEO	Theophylline	8308	80198	\$ 16.54
THIOT	Thiothixene(Navane)	9541	80299	\$ 32.51
THROT	Culture, Throat	4600	87070	\$ 10.07
TIAGB	Tiagabine(Gabitril)	9608	80299	\$ 75.88
TOPIR	Topiramate	9868	80201	\$ 39.48
TP	Total Protein	7370	84155	\$ 4.18
TPOAB	Thyroid Peroxidase Ab	9085	86376	\$ 17.00
TRAZA	Trazodone, Serum	9758	80299	\$ 51.00
TRIG	Triglycerides	7125	84478	\$ 6.72
TRILE	Oxcarbazepine Metabolite	9569	80299	\$ 24.64
TROP	Troponin I	8622	84484	\$ 11.51
TRSFN	Transferrin	9755	84466	\$ 14.92
TSH	TSH	8503	84443	\$ 14.43
TSIMG	Thyroid Stimulating Imm.	9203	84445	\$ 59.43

Contractor Initials

Date 4/24/15 5

Exhibit B-1
Concord Hospital Laboratory
Fee Schedule SFY15+SY16+SFY17

TESTCODE	TEST DESCRIPTION	SIM	CPT	SFY15-SFY17
TU	T3 Uptake	8501	84479	\$ 6.74
UAB	Urinalysis, Reflex	6001	81001	\$ 3.70
UALC	Alcohol, Urine	8327	80101	\$ 14.79
UAMP	Amphetamines	8323	80101	\$ 16.10
UAMYC	Timed Ux Amylase	7560	82150	\$ 7.58
UAMYR	Ux Amylase, Random	7550	82150	\$ 7.58
UBARB	Barbiturates	8326	80101	\$ 16.10
UBENZ	Benzodiazepines	8321	80101	\$ 16.10
UBIL	Bilirubin	6006	81003	\$ 2.08
UBLD	Occult Blood	6007	81003	\$ 2.08
UCAC	24hr Ux Calcium	7700	82340	\$ 7.05
UCCLR	Creatinine Clearance	7600	82575	\$ 2.57
UCLC	24hr Ux Chloride	7540	82436	\$ 5.88
UCOC	Cocaine	8322	80101	\$ 35.53
UCRE	Creatinine, Ux Ran	7474	82570	\$ 3.16
UCREC	24hr Ux Creatinine	7570	82570	\$ 8.47
UDIP	Urinalysis, Dipstick Only	6016	81003	\$ 2.25
UGLU	Glucose	6004	81003	\$ 2.08
UHCG	HCG Urine, Qualitative	5203	81025	\$ 7.40
UIBC	IBC, Unconjugated	8548	83550	\$ 10.22
UKC	24hr Ux Potassium	7529	84133	\$ 5.03
UKET	Ketones	6005	81003	\$ 2.08
UMALC	Ux Microalbumin, Timed	7705	82043	\$ 6.32
UMET	Methamphetamines	9999	80101	\$ 10.71
UMIC	Urine Microscopic	6010	81015	\$ 3.55
UMTD	Methadone	8446	80101	\$ 10.71
UNAC	24hr Ux Sodium	7528	84300	\$ 5.68
UOPI	Opiates, Urine	8325	80101	\$ 34.17
UOS24	Osmolality, Ux, 24 Hr	7785	83935	\$ 7.97
UOXY	Oxycodone	8360	80101	\$ 10.71
UPCP	Phencyclidine (PCP)	8320	80101	\$ 16.10
URIC	Uric Acid	7350	84550	\$ 5.28
URINE	Urine Culture	4900	87086	\$ 7.50
UTHC	Cannabinoids (THC)	8324	80101	\$ 16.10
UTPC	24hr Ux Protein	7670	84156	\$ 4.18
UUNC	24hr Ux Urea Nitrogen	7541	84540	\$ 5.55
UURO	Urobilinogen	6009	81003	\$ 2.08
UVOL	Total Volume (mL)	8995	81050	\$ 3.50
UXCAR	Ux Calcium, Random	7775	82340	\$ 7.05
UXCLR	Ux Chloride, Random	7540	82436	\$ 4.90
UXCRE	Ux Creatinine, Random	7735	82570	\$ 6.05
UXKR	Ux Potassium, Random	7529	84133	\$ 4.90
UXNAR	Ux Sodium, Random	7528	84300	\$ 5.68
UXOSM	Ux Osmolality, Random	7630	83935	\$ 7.97
UXTOX	Urine Toxicology Screen	8400	80104	\$ 20.40
UXTPR	Ux Protein, Random	7725	84156	\$ 4.18

11/5/2014

Contractor Initials AA
Date 2/24/15

Exhibit B-1

Concord Hospital Laboratory
Fee Schedule SFY15+SY16+SFY17

TESTCODE	TEST DESCRIPTION	SIM	CPT	SFY15-SFY17
UXUNR	Ux Urea Nitrogen, Random	7765	84540	\$ 5.55
VALP	Valproic Acid	8309	80164	\$ 11.64
VENLA	Venlafaxine and Metabolite	9527	80299	\$ 275.00
VRE	Culture, VRE	4917	87081	\$ 6.74
VZV-M	VZV IgM Antibody	9380	86787	\$ 15.07
VZVIG	Varicella IgG	1540	86787	\$ 15.07
VITD	Vitamin D, 25-OH, total	7232	82306	\$ 15.30
WBC	WBC Only	5156	85048	\$ 2.25
WOUND	Culture, Wound	4935	87070	\$ 10.07
YSTS	Yeast Culture-Skin, Hair, Nail	4239	87101	\$ 9.02
YSTX	Yeast Culture-Not Skin or Blood	4238	87102	\$ 9.81
ZINCQ	Zinc, Plasma	9822	84630	\$ 35.70
Morgue Fees				
	Morgue Use 1 External Autopsy Only	2551		\$ 30.39
	Morgue Use 2 Full Autopsy	2552		\$ 325.79
	Morgue Use 3 Autopsy with Micro	2553		\$ 325.79

**CPT Coding based on 2014 AMA CPT Code book



SPECIAL PROVISIONS

Contractors Obligations: The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

1. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.
2. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.
3. **Documentation:** In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.
4. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.
5. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract 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 Contractor or Sub-Contractor.
6. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.
7. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractors costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party funders for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party funders, the Department may elect to:
 - 7.1. Renegotiate the rates for payment hereunder, in which event new rates shall be established;
 - 7.2. Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

New Hampshire Department of Health and Human Services
Exhibit C



- 7.3. Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

8. Maintenance of Records: In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:
- 8.1. Fiscal Records: books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
 - 8.2. Statistical Records: Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
 - 8.3. Medical Records: Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.
9. Audit: Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.
- 9.1. Audit and Review: During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.
 - 9.2. Audit Liabilities: In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.
10. Confidentiality of Records: All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.



Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

11. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department.
 - 11.1. **Interim Financial Reports:** Written Interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.
 - 11.2. **Final Report:** A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.
12. **Completion of Services: Disallowance of Costs:** Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.
13. **Credits:** All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:
 - 13.1. The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.
14. **Prior Approval and Copyright Ownership:** All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.
15. **Operation of Facilities: Compliance with Laws and Regulations:** In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.
16. **Equal Employment Opportunity Plan (EEO):** The Contractor will provide an Equal Employment Opportunity Plan (EEO) to the Office for Civil Rights, Office of Justice Programs (OCR), if it has received a single award of \$500,000 or more. If the recipient receives \$25,000 or more and has 50 or



more employees, it will maintain a current EEOP on file and submit an EEOP Certification Form to the OCR, certifying that its EEOP is on file. For recipients receiving less than \$25,000, or public grantees with fewer than 50 employees, regardless of the amount of the award, the recipient will provide an EEOP Certification Form to the OCR certifying it is not required to submit or maintain an EEOP. Non-profit organizations, Indian Tribes, and medical and educational institutions are exempt from the EEOP requirement, but are required to submit a certification form to the OCR to claim the exemption. EEOP Certification Forms are available at: <http://www.ojp.usdoj/about/ocr/pdfs/cert.pdf>.

17. **Limited English Proficiency (LEP):** As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.
18. **Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, \$150,000)

CONTRACTOR EMPLOYEE WHISTLEBLOWER RIGHTS AND REQUIREMENT TO INFORM EMPLOYEES OF WHISTLEBLOWER RIGHTS (SEP 2013)

- (a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.
 - (b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.
 - (c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.
19. **Subcontractors:** DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.
- When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:
- 19.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
 - 19.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
 - 19.3. Monitor the subcontractor's performance on an ongoing basis

New Hampshire Department of Health and Human Services
Exhibit C



- 19.4. Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- 19.5. DHHS shall, at its discretion, review and approve all subcontracts.

If the Contractor identifies deficiencies or areas for improvement are identified, the Contractor shall take corrective action.

DEFINITIONS

As used in the Contract, the following terms shall have the following meanings:

COSTS: Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

DEPARTMENT: NH Department of Health and Human Services.

FINANCIAL MANAGEMENT GUIDELINES: Shall mean that section of the Contractor Manual which is entitled "Financial Management Guidelines" and which contains the regulations governing the financial activities of contractor agencies which have contracted with the State of NH to receive funds.

PROPOSAL: If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

UNIT: For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

FEDERAL/STATE LAW: Wherever federal or state laws, regulations, rules, orders, and policies, etc. are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc. as they may be amended or revised from the time to time.

CONTRACTOR MANUAL: Shall mean that document prepared by the NH Department of Administrative Services containing a compilation of all regulations promulgated pursuant to the New Hampshire Administrative Procedures Act, NH RSA Ch 541-A, for the purpose of implementing State of NH and federal regulations promulgated thereunder.

SUPPLANTING OTHER FEDERAL FUNDS: The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.



REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**
Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.
2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language:
 - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
 - 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
 - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
 - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
 - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.
3. The Department reserves the right to renew the contract for up to four additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

**US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS**

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
 - 1.2.1. The dangers of drug abuse in the workplace;
 - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

New Hampshire Department of Health and Human Services
Exhibit D



has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check ☐ if there are workplaces on file that are not identified here.

Contractor Name:

2/24/15
Date

Robert P. Steigmeier
Name: Robert P Steigmeier
Title: President + CEO



CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):

- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-1.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Contractor Name:

2/24/15
Date

Robert P. Stegmayer
Name: Robert P. Stegmayer
Title: President + CEO



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

New Hampshire Department of Health and Human Services
Exhibit F



information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
- 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
- 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
 - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name:

2/24/15
Date

Robert P. Stegmaier
Name: Robert P. Stegmaier
Title: President + CEO

Contractor Initials

Date

RP
2/24/15



**CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO
FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND
WHISTLEBLOWER PROTECTIONS**

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations - OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations - Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations - Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

Exhibit G

Certification of Compliance with requirements pertaining to Federal nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Contractor Initials

AKB

5/27/14
Rev 10/20/14

Page 1 of 2

Date

2/21/15

New Hampshire Department of Health and Human Services
Exhibit G



In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name:

2/24/15
Date

[Signature]
Name: Robert P. Steigmeier
Title: President - CEO

Exhibit G

Certification of Compliance with requirements pertaining to Federal nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Contractor Initials

MR

Date

2/24/15



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name:

2/24/15
Date

Robert P. Steigmeier
Name: Robert P Steigmeier
Title: President + CEO

RLS
2/24/15



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 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 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 State of New Hampshire, Department of Health and Human Services.

(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. **"Business Associate"** has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. **"Covered Entity"** has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. **"Designated Record Set"** shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. **"Data Aggregation"** shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. **"Health Care Operations"** shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. **"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.
- h. **"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 and amendments thereto.
- i. **"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 164.501(g).
- j. **"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.
- k. **"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.

AA
2/21/15



Exhibit I

- l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "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.
- o. "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.
- p. 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) Business Associate 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, Business Associate, including but not limited to all 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 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 the HIPAA Privacy, Security, and Breach Notification Rules 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



Exhibit I

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- 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 security safeguards.

(3) Obligations and Activities of Business Associate.

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement 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 perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
 - o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - o The unauthorized person used the protected health information or to whom the disclosure was made;
 - o Whether the protected health information was actually acquired or viewed
 - o The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all 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 (I). 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

MM
2/24/15



Exhibit I

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this 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 the Agreement.
- 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 the Agreement, 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

APR
2/24/15



Exhibit I

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 164.506 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 10 of the standard terms and conditions (P-37) of this 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, 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, 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.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.



Exhibit I

- 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 Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

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

New Hampshire
The State
Robert J. Mulla
Signature of Authorized Representative
Robert J. Mulla
Name of Authorized Representative
CEO
Title of Authorized Representative
3/20/15
Date

Concord Hospital
Name of the Contractor
[Signature]
Signature of Authorized Representative
Robert P Steigmayer
Name of Authorized Representative
President + CEO
Title of Authorized Representative
2/24/15
Date



**CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY
ACT (FFATA) COMPLIANCE**

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award. In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (OUNS #)
10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

2/24/15
Date

Robert P. Steigmeier
Name: Robert P Steigmeier
Title: President + CEO

Contractor Initials

Date

New Hampshire Department of Health and Human Services
Exhibit J



FORM A

As the Contractor Identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 07-3977399
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

☒ NO ☐ YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

☐ NO ☐ YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____

11/11
2/24/15