



24 mar

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

Lori A. Shibinette
Commissioner

Henry D. Lipman
Director

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

April 13, 2020

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Medicaid Services, to amend an existing agreement with Myers & Stauffer LC (VC#230291), 400 Redland Court, Suite 300, Owings Mills, MD 21117 for conducting independent certified audits of the NH Medicaid Disproportionate Share Hospital payments in accordance with federal requirements, by increasing the price limitation by \$10,277 from \$1,185,330 to \$1,195,607 with no change to the contract completion date of June 30, 2021 effective upon Governor and Council approval. The original contract was approved by Governor and Council on January 13, 2016, Item #10 and most recently amended with Governor and Council approval on September 18, 2019, Item #6. 50% Federal Funds. 50% Other Funds (Medicaid Enhancement Tax).

Funds are available in the following account for State Fiscal Year 2020, with the authority to adjust budget line items within the price limitation through the Budget Office, if needed and justified.

05-95-047-470010-7943 HEALTH AND SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SVCS, DEPT OF HHS: OFC OF MEDICAID & BUS POLICY, UNCOMPENSATED CARE FUNDS

| State Fiscal Year | Class / Account | Class Title | Job Number | Current Budget | Increased (Decreased) Amount | Revised Budget |
|-------------------|-----------------|---------------------------|------------|----------------|------------------------------|----------------|
| 2016 | 102/500731 | Contracts for Prog. Servs | 47000021 | \$57,875 | \$0 | \$57,875 |
| 2017 | 102/500731 | Contracts for Prog. Servs | 47000021 | \$164,845 | \$0 | \$164,845 |
| 2018 | 102/500731 | Contracts for Prog. Servs | 47000021 | \$210,184 | \$0 | \$210,184 |
| 2019 | 102/500731 | Contracts for Prog. Servs | 47000021 | \$206,423 | \$0 | \$206,423 |
| 2020 | 102/500731 | Contracts for Prog. Servs | 47000021 | \$236,371 | \$10,277 | \$246,648 |
| 2021 | 102/500731 | Contracts for Prog. Servs | 47000021 | \$206,421 | \$0 | \$206,421 |
| 2022 | 102/500731 | Contracts for Prog. Servs | 47000021 | \$103,211 | \$0 | \$103,211 |
| | | | Total | \$1,185,330 | \$10,277 | \$1,195,607 |

EXPLANATION

This request is Sole Source because this action amends an existing Sole Source contract by adding an additional \$10,277. MOP 150 requires any amendments to contracts that Governor and Council originally approved as Sole Source to be designated as Sole Source requests. As previously stated, the original contract was approved by Governor and Council on January 13, 2016, Item #10, as amended on December 19, 2018 (Item #10B) and subsequently amended with Governor and Council approval on September 18, 2019, Item #6.

The purpose of this request is to add funding needed to re-examine a prior year audit and redistribute Disproportionate Share Hospital funds based on the findings. This is due to a change in federal policy that affected the audit.

The Department will provide oversight of the process. The vendor will be held accountable for timeliness of audit procedures and reporting.

Should the Governor and Council not authorize this request, the Department may not have the resources to complete the federally required audits, which may result in the loss of Federal share of funding for Disproportionate Share Hospital payments.

Area served: Statewide

Source of Funds: CFDA #93.778/Fain #NH20162

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

Respectfully submitted,



Ann H. Landry
Associate Commissioner

**New Hampshire Department of Health and Human Services
Disproportionate Share Hospital Audit**



**State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Disproportionate Share Hospital Audit Contract**

This 3rd Amendment to the Disproportionate Share Hospital Audit contract (hereinafter referred to as "Amendment #3") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Myers and Stauffer, LC (hereinafter referred to as "the Contractor"), a corporation with a place of business at 400 Redland Court, Suite 300, Owings Mills, MD 21117.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on January 13, 2016 (Item #10), as amended on December 19, 2018 (Item #10B), and subsequently amended September 18, 2019 (Item #6), 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 payment schedules or terms and conditions of the contract; 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 increase the price limitation to support continued delivery of these services; and

WHEREAS, all terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #3 remain in full force and effect; 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 1.8, Price Limitation, to read:
\$1,195,607.
2. Exhibit B, Methods and Conditions Precedent to Payment, Section 6 to read:
 6. Rates, maximum number of hours and total amount by procedure for services described in this Contract are identified in Table 1, below.

| SFY | State Procedures | | | Hospital Procedures | | |
|------|------------------|----------|-------------|---------------------|----------|--------------|
| | Hours | Rate | Total | Hours | Rate | Total |
| 2016 | 60 | \$143.48 | \$8,609.00 | 357 | \$138.00 | \$49,266.00 |
| 2017 | 120 | \$145.63 | \$17,476.00 | 1047 | \$140.75 | \$147,370.00 |
| 2018 | 120 | \$150.00 | \$18,000.00 | 1333 | \$144.17 | \$192,184.00 |
| 2019 | 120 | \$152.22 | \$18,266.40 | 1286 | \$146.31 | \$188,154.66 |
| 2020 | 120 | \$152.22 | \$18,266 | 1560 | \$146.81 | \$229,023.60 |
| 2021 | 120 | \$152.22 | \$18,266 | 1286 | \$146.31 | \$188,155 |
| 2022 | 60 | \$152.22 | \$9,133 | 643 | \$146.31 | \$94,077 |

New Hampshire Department of Health and Human Services
Disproportionate Share Hospital Audit



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

3/20/2020
Date:

[Signature]
Name: Henry D. Lipman
Title: Medical Director

Myers and Stauffer LC

3/17/2020
Date

[Signature]
Name: John D. Kraft
Title: Member

Acknowledgement of Contractor's signature:

State of Maryland, County of Baltimore City on 3/17/2020, 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.

[Signature]
Signature of Notary Public or Justice of the Peace

David Buck, Notary
Name and Title of Notary or Justice of the Peace

My Commission Expires: March 2, 2022

**New Hampshire Department of Health and Human Services
Disproportionate Share Hospital Audit**



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

OFFICE OF THE ATTORNEY GENERAL

3/23/20
Date

[Signature]
Name:
Title:

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

State of New Hampshire

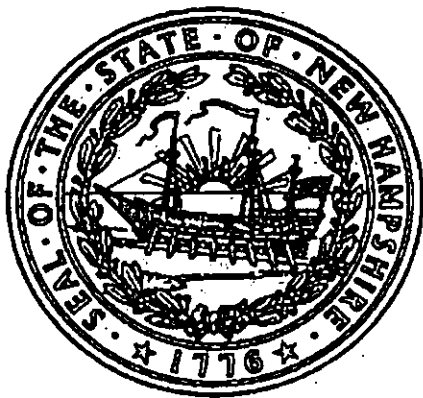
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that MYERS AND STAUFFER LC is a Kansas Limited Liability Company registered to do business in New Hampshire as MYERS AND STAUFFER LLC on December 18, 1997. 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: 281856

Certificate Number: 0004486459



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 2nd day of April A.D. 2019.

A handwritten signature in cursive script, appearing to read "Wm Gardner".

William M. Gardner
Secretary of State



**MYERS AND
STAUFFER** L.C.
CERTIFIED PUBLIC ACCOUNTANTS

MYERS AND STAUFFER LC
Certificate of Authority

I, Kevin C. Londeen, hereby certify that I am a member of the Executive Committee of Myers and Stauffer LC, a Kansas limited liability company also doing business in other states. I hereby certify the following is a true copy of an action taken by the Executive Committee at a meeting held on March 17, 2020.

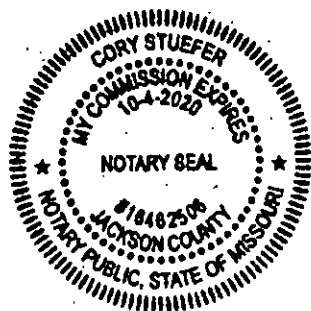
We hereby authorize the following individuals to enter into contracts and agreements with state agencies on behalf of Myers and Stauffer LC. We further authorize said individuals to execute any documents with state agencies, which may in their judgment be desirable or necessary to properly discharge our contractual obligations. The authority to sign the amendment documents remains in full force and effect and has not been revoked as of the date the amendment document was signed.


| | | |
|-------------------------|-------------------------|---------------------------|
| Tamara B. Bensky (M) | T. Allan Hansen (P) | Melissa Parks (P) |
| Robert M. Bullen (M) | Judith Hatfield (M) | Ashleigh Perez (M) |
| Keenan S. Buoy (M) | Robert J. Hicks (M) | Ashleigh Perez (M) |
| Tara Clark (M) | Mark K. Hilton (M) | Scott Price (M) |
| John B. Dresslar (M) | Michael D. Johnson (M) | Andrew R. Ranck (M) |
| Jerry Dubberly (P) | Kristopher J. Knerr (M) | Charles T. Smith (M) |
| Jared B. Duzan (P) | Mark R. Korpela (P) | Keith R. Sorensen (M) |
| James D. Erickson (M) | John D. Kraft (M) | Marvin Teufel (M) |
| Ryan M. Farrell (P) | Johanna Linkenhoker (M) | Emily Wale (M) |
| Beverly L. Gehrich (M) | Kevin Londeen (M) | |
| Timothy J. Guerrant (M) | Tammy M. Martin (M) | (M) Member, (P) Principal |


Kevin C. Londeen, Member

State of Missouri
County of Jackson

On this 17 day of March 2020, before me appeared Kevin C. Londeen, to me known, to be the person(s) described in and who, being by me duly sworn, did say that he/she/they is/are a member of Myers and Stauffer LC, the Firm named in the foregoing instrument and that he/she/they is/are authorized to sign said instrument on behalf of the Firm and acknowledges that he/she/they executed said instrument as the free act and deed of the Firm.




Signature
Cory Stuefer
Print Name

Notary Public of
My commission expires
10-4-2020

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/17/2020

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 any rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER CBIZ Insurance Services, Inc. 700 West 47th Street, Suite 1100 Kansas City, MO 64112 816 945-5500 | CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: kpeed@cbiz.com | | | | | | | | | | | | | | |
|---|--|-------------------------------|--------|--|-------|-------------|--|-------------|--|-------------|--|-------------|--|-------------|--|
| INSURED Myers and Stauffer LC 700 W. 47th Street, Suite 1100 Kansas City, MO 64112 | <table border="1"> <thead> <tr> <th data-bbox="803 446 1404 478">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1404 446 1541 478">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="803 478 1404 510">INSURER A : Hartford Casualty Insurance Co</td> <td data-bbox="1404 478 1541 510">29424</td> </tr> <tr> <td data-bbox="803 510 1404 542">INSURER B :</td> <td data-bbox="1404 510 1541 542"></td> </tr> <tr> <td data-bbox="803 542 1404 574">INSURER C :</td> <td data-bbox="1404 542 1541 574"></td> </tr> <tr> <td data-bbox="803 574 1404 606">INSURER D :</td> <td data-bbox="1404 574 1541 606"></td> </tr> <tr> <td data-bbox="803 606 1404 638">INSURER E :</td> <td data-bbox="1404 606 1541 638"></td> </tr> <tr> <td data-bbox="803 638 1404 661">INSURER F :</td> <td data-bbox="1404 638 1541 661"></td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Hartford Casualty Insurance Co | 29424 | INSURER B : | | INSURER C : | | INSURER D : | | INSURER E : | | INSURER F : | |
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| INSURER B : | | | | | | | | | | | | | | | |
| INSURER C : | | | | | | | | | | | | | | | |
| INSURER D : | | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | |

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

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

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSR | 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC OTHER: | | 30SBAUH8895 | 05/01/2020 | 05/01/2021 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$ |
| A | <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | 30SBAUH8895 | 05/01/2020 | 05/01/2021 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000 | | 30SBAUH8895 | 05/01/2020 | 05/01/2021 | EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | 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 \$ |

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

| | |
|---|---|
| CERTIFICATE HOLDER State of New Hampshire Dept of Health & Human Services 129 Pleasant Street Hugh Gallen State Office Park South CONCORD, NH 03301-3852 | 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 CBIZ Insurance Services, Inc. |
|---|---|

Client#: 2372

CBIZINC

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/17/2020

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|---|--|-------------------------------|--|--------|------------|--------------------------------------|-------|------------|--|--|------------|--|--|------------|--|--|------------|--|--|------------|--|--|
| INSURED CBIZ, Inc. and Subsidiaries 6050 Oak Tree Blvd., South, Suite 500 Cleveland, OH 44131 | <table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> <tr> <td>INSURER A:</td><td>CNA- American Cas. Co. Of Reading PA</td><td>20427</td></tr> <tr> <td>INSURER B:</td><td></td><td></td></tr> <tr> <td>INSURER C:</td><td></td><td></td></tr> <tr> <td>INSURER D:</td><td></td><td></td></tr> <tr> <td>INSURER E:</td><td></td><td></td></tr> <tr> <td>INSURER F:</td><td></td><td></td></tr> </table> | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: | CNA- American Cas. Co. Of Reading PA | 20427 | INSURER B: | | | INSURER C: | | | INSURER D: | | | INSURER E: | | | INSURER F: | | |
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| INSURER C: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | | | | | | |
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COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSR WVD | 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 \$ \$ |
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| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$ | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | 6072461232 6072461246CA | 09/30/2019 | 09/30/2020 | X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 |

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

Myers and Stauffer, LC is a named insured.

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|--|
| State of New Hampshire Dept of Health & Human Services 129 Pleasant Street Hugh Gallen State Office Park South CONCORD, NH 03301-3852 | 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 CBIZ Insurance Services, Inc. |
|--|--|

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Jeffrey A. Meyers
Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE COMMISSIONER

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9389 1-800-852-3345 Ext. 9389
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

August 21, 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, Office of the Commissioner to amend a sole source agreement with Myers and Stauffer, LC (Vendor #230291) 400 Redland Court, Suite 300, Owings Mills, MD 21117, to continue conducting independent certified audits of the New Hampshire Medicaid Disproportionate Share Hospital (DSH) payments in accordance with federal requirements by increasing the price limitation by \$29,950 from \$1,155,380 to \$1,185,330 with no change in the completion date, effective upon Governor and Executive Council approval. 50% Federal Funds, 50% Other Funds.

This agreement was originally approved by Governor and Executive Council on January 13, 2016, (Item #10) and amended on December 19, 2018 (Item #10B).

Funds to support this request are anticipated to be available in the following account in FY 2020 upon the availability and continued appropriation of funds in the future operating budget.

05-95-47-470010-7943 HEALTH AND SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SVCS, DEPT OF HHS: OFC OF MEDICAID & BUS POLICY, UNCOMPENSATED CARE FUND

| State Fiscal Year | Class/Account | Title | Activity Code | Current Budget | Increase/ (Decrease) | Modified Budget |
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| Total: | | | | \$1,155,380 | \$29,950 | \$1,185,330 |

EXPLANATION

This request is **sole source** because Myers and Stauffer, LC has been providing independent certified audits of New Hampshire Medicaid Disproportionate Share Hospital (DSH) payments in accordance with Federal requirements since 2009. This vendor has become highly informed about the particulars and history of the NH Medicaid program policies and procedures relating to the annual DSH payment program. The combination of high quality and unique understanding of New Hampshire programs puts this vendor in a better position to continue to produce required deliverables with efficiency and expertise.

The purpose of this amendment is for the Contractor to request additional data from the providers, apply analytical procedures to providers' Medicare and TPL payments, and conduct claims sampling for selected providers to examine discrepancies for the purpose of issuing an addendum to the DSH year 09/30/2011 DHS Schedule of Annual Reporting Requirements.

Should the Governor and Executive Council not approve this request, the Department may not have the resources to complete the Federally Required Audits which may result in the loss of the Federal share of funding for Disproportionate Share Hospital's Payments.

Area served: Statewide.

Source of funds: 50% Federal funds and 50% Other funds, Medicaid Enhancement Tax Funds.

In the event that Federal Funds became no longer available, no further General Funds will be requested to support this program.

Respectfully submitted



Jeffrey A. Meyers
Commissioner

**New Hampshire Department of Health and Human Services
Disproportionate Share Hospital Audit**



**State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Disproportionate Share Hospital Audit**

This 2nd Amendment to the Disproportionate Share Hospital Audit contract (hereinafter referred to as "Amendment #2") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Myers and Stauffer, LC, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 400 Redland Court, Suite 300, Owings Mills, MD 21117.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on January 13, 2016, (Item #10), and amended on December 19, 2018 (Item #10B) 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, and Exhibit C-1, Revisions to General Provisions Paragraph 3, the State may modify the scope of work and the payment schedule 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, increase the price limitation, and modify the scope of services to support continued delivery of these services; and

WHEREAS, all terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #2 remain in full force and effect; 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 1.8, Price Limitation, to read:
\$1,185,330.
2. Amend Exhibit A, Scope of Services, Amendment #1, by replacing it in its entirety with Exhibit A, Scope of Services, Amendment #2, which is attached hereto and incorporated by reference herein.
3. Amend Exhibit B, Amendment #1, Method and Conditions Precedent to Payment, by replacing it in its entirety with Exhibit B, Amendment #2 Method and Conditions Precedent to Payment, which is attached hereto and incorporated by reference herein.

New Hampshire Department of Health and Human Services
Disproportionate Share Hospital Audit



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

8/15/19
Date

Meredith Telus
Name: Meredith Telus
Title: Director of Program Planning and Integrity

Myers & Stauffer, LC

08/14/2019
Date

Mark K. Hilton, Member
Name: Myers and Stauffer LC by Mark K. Hilton
Title: Member

Acknowledgement of Contractor's signature:

State of Maryland, County of Baltimore on August 14, 2019, 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.

David Buck
Signature of Notary Public or Justice of the Peace

David Buck
Name and Title of Notary or Justice of the Peace

My Commission Expires: March 10, 2020

New Hampshire Department of Health and Human Services
Disproportionate Share Hospital Audit



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

OFFICE OF THE ATTORNEY GENERAL

8/19/2019
Date

Nancy B. Smith
Name
Title: Sr. 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:



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

2. Scope of Work

- 2.1. The Contractor shall conduct independent certified audits of the New Hampshire Medicaid Disproportionate Share Hospital (DSH) reimbursements in accordance with the requirements of 42 CFR Part 447, Subpart E and Part 455, Subpart D, and as amended during the term of this contract, utilizing the Centers for Medicare and Medicaid Services (CMS) General DSH Audit and Reporting Protocol in order to comply with these rules. The Contractor shall:
 - 2.1.1. Provide a complete, certified, independent audit and report for each of the three (3) Medicaid State Plan Rate Years. The audit and report must be submitted to the Department, as follows:
 - 2.1.1.1. Medicaid Plan Years 2016 shall be submitted by September 30, 2019.
 - 2.1.1.2. Medicaid Plan Years 2017 shall be submitted by September 30, 2020.
 - 2.1.1.3. Medicaid Plan Years 2018 shall be submitted by September 30, 2021.
 - 2.1.2. Assist the Department with reporting to and following up with CMS, as needed.
- 2.2. The Contractor shall review the Department's methodology for estimating hospital-specific DSH payments limit in accordance with the Omnibus Budget Reconciliation Act (OBRA) 1993 as well as the Department's DSH payment methodologies in the approved Medicaid State Plan for the State Plan rate year under audit. The Contractor shall:
 - 2.2.1. Review the State's DSH audit protocol to ensure:
 - 2.2.1.1. Consistency with inpatient/outpatient (IP/OP) Medicaid reimbursable services in the approved Medicaid State Plan.
 - 2.2.1.2. Only costs eligible for DSH payments are included in the development of the hospital specific DSH payment limit.
 - 2.2.2. Conduct reviews and compile hospital-specific IP/OP cost report data and IP/OP revenue data in order to measure each hospital-specific DSH payment limit for up to twenty-nine (29) participating hospitals identified in Exhibit A-1, which includes one (1) government owned and operated



- hospital. For all non-governmental hospitals, the Contractor shall determine the DSH payment limit by:
- 2.2.2.1. Determining the existence of a Medicaid shortfall by measuring Medicaid IP/OP hospital costs against Medicaid IP/OP revenue received for services, including but not limited to regular Medicaid rate payments, add-ons, supplemental enhanced payments, Medicaid Managed Care revenues, and third party liability payments, unless a court order of a federal or state court, which is binding on the State of New Hampshire, has prohibited the inclusion of some or all of such third party liability payments.
 - 2.2.2.2. Reducing costs associated with patients who have no source of third-party coverage by applicable revenues.
 - 2.2.2.3. Adding the reduced costs in Section 2.2.2.2. to the Medicaid shortfall.
 - 2.2.3. Compile total DSH payments made to each qualifying hospital in each auditable year, including DSH payments received by each hospital from other states.
 - 2.2.4. Compare hospital specific DSH cost limits against hospital specific total DSH payments in the audited Medicaid State plan rate year.
 - 2.2.5. Summarize findings identifying any overpayments/underpayments to particular hospitals.
- 2.3. Relative to 2011 claims, and for the purposes of creating an addendum to the 2011 DSH exam, the Contractor shall;
- 2.3.1. Request additional data from the providers as needed and separate the payments in order to remove the Medicare and third party payments (TPL) from other payments.
 - 2.3.2. Apply analytical procedures to providers' Medicare and TPL payments and identify unusual or indeterminate data or further examination.
 - 2.3.3. Conduct claims sampling for selected providers to examine discrepancies including but not limited to large or otherwise unusual payments, , and compare reported Medicare and TPL payments to supporting documents.
 - 2.3.4. Issue an addendum to the DSH year 09/30/2011 DHS Schedule of Annual Reporting Requirements.
- 2.4. The Contractor shall issue independent certified audits for each auditable year that verify the following:
- 2.4.1. Each hospital that qualifies for a DSH payment in the State is allowed to retain that payment so that the payment is available to offset its uncompensated care costs for furnishing IP/OP hospital services during the Medicaid State Plan year to Medicaid eligible individuals and individuals with no source of third-party coverage for the services.
 - 2.4.2. Only uncompensated care costs of furnishings IP/OP hospital services to Medicaid eligible individuals and individuals with no third-party coverage for



the OP/OP hospital services they received as described in Section 1923(g)(1)(A) of the Act are eligible for inclusion in the calculation of the hospital-specific disproportionate share payment limit, as described in Section 1923(g)(1)(A) of the Act.

- 2.4.3. For purposes of this hospital-specific calculation, any Medicaid payments (including regular Medicaid FFS rate payments, supplemental/enhanced Medicaid payments, and Medicaid managed care organization payments) made to a DSH for furnishing IP/OP hospital services to Medicaid eligible individuals, which are in excess of the each hospital's Medicaid incurred costs of such services, are applied against the uncompensated care costs of furnishing IP/OP hospital services to individuals with no source of third-party coverage for such services.
 - 2.4.4. Any information and records of all of its IP/OP hospital service costs under the Medicaid program; claimed expenditures under the Medicaid program; uninsured IP/OP hospital service costs in determining payment adjustments under this section; and any payments made on behalf of the uninsured from payment adjustments under this section has been separately documented and retained by the State.
 - 2.4.5. The information specified in Section 2.3.5 includes a description of the methodology for calculating each hospital's payment limit under Section 1923 (g)(1) of the Act. Included in the description of the methodology, the audit report must specify how the State defined incurred IP/OP hospital costs for furnishing IP/OP hospital services to Medicaid eligible individuals and individuals with no source of third-party coverage for the IP/OP hospital services they received.
- 2.5. In order to make the assessments on the verifications in Section 2.3, above, the Contract shall concurrently adhere to:
- 2.5.1. State Level Procedures, which include:
 - 2.5.1.1. Obtaining DHHS documentation including the report required in 42 CFR Section 447.299 and other information that the Department would have access to, such as payments by Medicaid Managed Care Organizations and Upper Payment Limit (UPL) payments.
 - 2.5.1.2. Obtaining information reported by neighboring States about those states' DSH payments to hospitals located in New Hampshire.
 - 2.5.1.3. Obtaining the Department's assertion over the accuracy of the report required by Section 447.299.
 - 2.5.1.4. Obtaining and reviewing the Department's methodology for estimating hospital's hospital-specific DSH limit and the Department's DSH payment methodologies, in the approved State Medicaid Plan, for the State plan rate year under examination.
 - 2.5.1.5. Obtaining and reviewing the Department's DSH review protocol to ensure consistency with Medicaid reimbursable services in the approved State Medicaid Plan.



- 2.5.1.6. Ensuring that only costs eligible for DSH payments are included in the development of the hospital-specific DSH payment limit.
- 2.5.1.7. Working with the Department to notify hospitals of procedures and expectations, which shall include information required from the hospitals in order for the Contractor to complete State Level Procedures, as well as due dates for submittals.
- 2.5.1.8. Obtaining documentation from the Department that details the Department's DSH methodologies and payments.
- 2.5.1.9. Comparing the "Provider Data Summary Schedule" prepared by the Contractor to the Department's DSH reporting schedule/s and/or documentation, and summarizing any differences.
- 2.5.1.10. Issuing an independent report, as required under 42 CFR Section 455.304.
- 2.5.2. Hospital Level Procedures, which include two tiers, as identified by the Contractor and the Department, as follows:
 - 2.5.2.1. The Contractor shall perform comprehensive in-depth desk reviews for one group which shall include:
 - 2.5.2.1.1. Requesting documentation detailing each hospital's uninsured patient data and Medicaid eligible patient data.
 - 2.5.2.1.2. Determining whether each hospital designated as a DSH hospital meets the minimum requirements to participate. Reconciling hospital revenue and expenses from working trial balance, financial statements and CMS Form 2552 cost reports for each auditable year.
 - 2.5.2.1.3. Obtaining the Department's Medicaid Management Information System (MMIS) summary for comparison to hospital submitted data.
 - 2.5.2.1.4. Performing detailed analysis of uninsured charges.
 - 2.5.2.1.5. Verifying payments to individual DSH from non-governmental and non-third party payers.
 - 2.5.2.1.6. Validating data from each DSH to determine:
 - 2.5.2.1.6.1. Its hospital-specific DSH limit.
 - 2.5.2.1.6.2. Its total annual uncompensated care cost.
 - 2.5.2.1.6.3. The amount of DSH payments received from any source.
 - 2.5.2.1.7. Preparing and comparing the Provider Data Summary Schedule to the Department's documentation required by 42 CFR Section 447.299.



2.5.2.2. The Contractor shall perform higher-level limited scope desk reviews on the other group.

2.6. The Contractor shall meet all requirements, specifications and qualifications in this contract, which includes but is not limited to:

2.6.1. Requesting necessary information and files for the appropriate period and preparing the data for use in the audit.

2.6.2. Preparing all aspects of the audit program.

2.6.3. Maintaining the flexibility for on-going enhancements, updates, and changes, as needed.

2.6.4. Assuming the costs of acquiring, developing, and monitoring the necessary professional and administrative support resources and materials, as well as unforeseen incidentals, such as duplication costs.

2.6.5. Preparing and maintaining all materials and testifying in appeals or other legal actions occurring as the result of the DSH audits.

3. Reporting Requirements

3.1. To assist the Department in meeting its reporting requirements under 42 CFR 447.299(c), the Contractor shall issue reports for each auditable year that list the information for each DSH to which the State made a DSH payments as follows:

3.1.1. Hospital name – The name of the hospital that received a DSH payment from the State, identifying facilities that are institutes for mental disease and facilities that are located out-of-state.

3.1.2. Department's estimate of hospital-specific DSH limit – The Department's estimate of eligible uncompensated care for the hospital receiving a DSH payment for the year under audit based on the Department's methodology for determining an interim estimate of the hospital's DSH limit.

3.1.3. Medicaid inpatient utilization rate – The hospital's Medicaid inpatient utilization rate, as defined in Section 1923(b)(2) of the federal Social Security Act (the Act).

3.1.4. Low income utilization rate – The hospital's low income utilization rate, as defined in Section 1923(b)(3) of the Act.

3.1.5. State defined DSH qualification criteria – If the State uses an alternate broader DSH qualification methodology as authorized in Section 1923(b)(4) of the Act, the value of the statistic and the methodology used to determine that statistic.

3.1.6. IP/OP Medicaid fee-for-service (FFS) basic rate payments – The total annual amount paid to the hospital under the State plan, including Medicaid FFS rate adjustments, but not including DSH payments or supplemental/enhanced Medicaid payments, for IP/OP services furnished to Medicaid eligible individuals.



- 3.1.7. IP/OP Medicaid managed care organization – The total annual amount paid to the hospital by Medicaid managed care organizations for IP/OP hospital services furnished to Medicaid eligible individuals.
- 3.1.8. Supplemental/enhanced Medicaid IP/OP payments – Indicate the total annual amount of supplemental/enhanced Medicaid payments made to the hospital under the State plan. These amounts do not include DSH payments, regular Medicaid FFS rate payments, and Medicaid managed care organization payments.
- 3.1.9. Total Medicaid IP/OP Payments – Provide the total sum of items identified in 42 CFR Part, 447.299(c) (6), (7), and (8); i.e., the sum of items identified in 3.1.6, 3.1.7, and 3.1.8 above.
- 3.1.10. Total Cost of Care for Medicaid IP/OP Services – The total annual costs incurred by each hospital for furnishing IP/OP hospital services to Medicaid eligible individuals.
- 3.1.11. Total Medicaid Uncompensated Care – The total amount of uncompensated care attributable to Medicaid IP/OP services. The amount should be the result of subtracting the amount identified in 3.1.9 above from the amount identified in 3.1.10 above. The uncompensated care costs of providing Medicaid physician services cannot be included in this amount.
- 3.1.12. Uninsured IP/OP revenue – Total annual payments received by the hospital by or on behalf of individuals with no source of third-party coverage for IP/OP hospital services they receive. This amount does not include payments made by a State or units of local government, for services furnished to indigent patients.
- 3.1.13. Total Applicable Section 1011 Payments – Federal Section 1011 payments for uncompensated IP/OP hospital services provided to Section 1011 eligible aliens with no source of third-party coverage for the IP/OP hospital service they receive.
- 3.1.14. Total cost of IP/OP care for the uninsured – Indicate the total costs incurred for furnishing IP/OP hospital services to individuals with no source of third-party coverage for the hospital services they receive.
- 3.1.15. Total uninsured IP/OP uncompensated care costs – Total annual amount of uncompensated IP/OP care for furnishing IP/OP hospital services to individuals with no source of third-party coverage for the hospital services they receive. The amount should be the result of subtracting the sum of paragraphs (3.1.12) and (3.1.13), from paragraph (3.1.14) of this section. The uncompensated care costs of providing physician services to the uninsured cannot be included in this amount. The uninsured uncompensated amount also cannot include amounts associated with unpaid co-pays or deductibles for individuals with third-party coverage for the inpatient and/or outpatient hospital services they receive or any other unreimbursed costs associated with inpatient and/or outpatient hospital services they receive or any other unreimbursed costs associated with inpatient and/or outpatient hospital services provided to individuals with those services in their third-party coverage benefit package. Nor does



uncompensated care costs include bad debt or payer discounts related to services furnished to individuals who have health insurance or other third-party payer.

- 3.1.16. Total annual uncompensated care costs – The total annual uncompensated care cost equals the total cost of care for furnishing IP/OP hospital service to Medicaid eligible individuals and to individuals with no source of third-party coverage for the hospital services they receive, less the sum of regular Medicaid FFS rate payments, Medicaid managed care organizations payments, supplemental/enhanced Medicaid payments, uninsured revenues, and Section 1011 payments for IP/OP hospital services. This should equal the sum of paragraphs (3.1.11) and (3.1.15).
- 3.1.17. DSH payments – Indicate total annual payment adjustments made to each hospital under Section 1923 of the Act.
- 3.1.18. DSH payments made to all hospitals under the authority of the approved Medicaid State plan – this includes both in-State and out-of-State hospitals.

4. Deliverables

- 4.1. The Contractor shall provide a complete, certified, independent audit and report for each of the Medicaid State Plan Rate Years, as described in Section 2.1.1, no later than September 30th in each of the contract years commencing with the first September after the contract effective date.

**New Hampshire Department of Health and Human Services
Disproportionate Share Hospitals Audit**



**Exhibit B, Amendment #2
Method and Conditions Precedent to Payment**

1. This Contract is funded by federal and other funds. Access to federal funding is contingent upon meeting the requirements of the Catalogue of Federal and Domestic Assistance (CFDA) # 93.778: Agency: Department of Health and Human Services; Office: Centers for Medicare and Medicaid Services; Program: Medical Assistance Program, Medicaid; Title XIX.
2. The State shall pay the Contractor an amount not to exceed the Price Limitation on Form P-37, Block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Amendment #2, Scope of Services.
3. The Contractor must submit quarterly invoices for deliverables outlined in Exhibit A, Amendment #2, Scope of Services.
4. The State shall make payment to the Contractor within thirty (30) days of receipt of each approved invoice for Contractor services provided pursuant to this Agreement.
5. Invoices shall be submitted on the Contractor's letterhead and must include the following information:
 - 5.1. The total amount requested for the previous quarter and the services performed during that period.
 - 5.2. The Contractor's vendor number.
 - 5.3. Dates that services were provided.
 - 5.4. Specific service provided; number of hours; and rate per hour.
 - 5.5. A dated signature of the Chief Executive Officer or individual with the legal authority to sign on behalf of the Contractor.
6. Rates, maximum number of hours and total amount by procedure for services described in this Contract are identified in Table 1, below.

| SFY | State Procedures | | | Hospital Procedures | | |
|------|------------------|----------|-------------|---------------------|----------|--------------|
| | Hours | Rate | Total | Hours | Rate | Total |
| 2016 | 60 | \$143.48 | \$8,609.00 | 357 | \$138.00 | \$49,266.00 |
| 2017 | 120 | \$145.63 | \$17,476.00 | 1047 | \$140.75 | \$147,370.00 |
| 2018 | 120 | \$150.00 | \$18,000.00 | 1333 | \$144.17 | \$192,184.00 |
| 2019 | 120 | \$152.22 | \$18,266.40 | 1286 | \$146.31 | \$188,154.66 |
| 2020 | 120 | \$152.22 | \$18,266 | 1490 | \$146.81 | \$218,746.90 |
| 2021 | 120 | \$152.22 | \$18,266 | 1286 | \$146.31 | \$188,155 |
| 2022 | 60 | \$152.22 | \$9,133 | 643 | \$146.31 | \$94,077 |

Myers and Stauffer LC

Exhibit B, Amendment #2

Contractor Initials

MLH

**New Hampshire Department of Health and Human Services
Disproportionate Share Hospitals Audit**



**Exhibit B, Amendment #2
Method and Conditions Precedent to Payment**

7. All invoices shall contain an original signature. Faxed or electronic copies shall not be accepted.
8. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Amendment #2, Scope of Services.
9. A final payment request shall be submitted no later than forty (40) days after the Contract ends. Failure to submit the invoice, and accompanying documentation could result in nonpayment.
10. Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

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 MYERS AND STAUFFER LC is a Kansas Limited Liability Company registered to do business in New Hampshire as MYERS AND STAUFFER LLC on December 18, 1997. 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: 281856

Certificate Number: 0004486459



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 2nd day of April A.D. 2019.

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

William M. Gardner
Secretary of State



**MYERS AND
STAUFFER^{LC}**
CERTIFIED PUBLIC ACCOUNTANTS

MYERS AND STAUFFER LC
Certificate of Authority

I, Kevin C. Londeen, hereby certify that I am a member of the Executive Committee of Myers and Stauffer LC, a Kansas limited liability company also doing business in other states. I hereby certify the following is a true copy of an action taken by the Executive Committee at a meeting held on January 1, 2019.

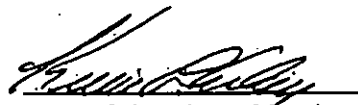
We hereby authorize the following individuals to enter into contracts and agreements with state agencies on behalf of Myers and Stauffer LC. We further authorize said individuals to execute any documents with state agencies, which may in their judgment be desirable or necessary to properly discharge our contractual obligations. The authority to sign the amendment documents remains in full force and effect and has not been revoked as of the date the amendment document was signed.

Tamara B. Bensky (M)
Robert M. Bullen (M)
Keenan S. Buoy (M)
John B. Dresslar (M)
Jerry Dubberly (P)
Jared B. Duzan (P)
James D. Erickson (M)
Ryan M. Farrell (P)
Ronald E. Franke (P)
Timothy J. Guerrant (M)

T. Allan Hansen (P)
Judith Hatfield (M)
Robert J. Hicks (M)
Mark K. Hilton (M)
Michael D. Johnson (M)
Beverly L. Kelly (M)
Kristopher J. Knerl (M)
Mark R. Korpela (P)
John D. Kraft (M)
Johanna Linkenhoker (M)

Kevin C. Londeen (M)
Tammy M. Martin (M)
Melissa Parks (P)
Amy C. Perry (M)
Scott Price (M)
Andrew R. Ranck (M)
Connie L. Reinhardt (M)
Charles T. Smith (M)
Keith R. Sorensen (M)
Emily Wale (M)

(M) = Member, (P) =
Principal


Kevin C. Londeen, Member

Client#: 52154

MYERSTA

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/14/2019

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 any rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER CBIZ Insurance Services, Inc. 700 West 47th Street, Suite 1100 Kansas City, MO 64112 816 945-5500 | CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: kpead@cbiz.com FAX (A/C, No): | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------------------------|--|--------|------------|--------------------------------|-------|------------|--|--|------------|--|--|------------|--|--|------------|--|--|------------|--|--|
| INSURED Myers and Stauffer LC 700 W. 47th Street, Suite 1100 Kansas City, MO 64112 | <table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> <tr> <td>INSURER A:</td><td>Hartford Casualty Insurance Co</td><td>29424</td></tr> <tr> <td>INSURER B:</td><td></td><td></td></tr> <tr> <td>INSURER C:</td><td></td><td></td></tr> <tr> <td>INSURER D:</td><td></td><td></td></tr> <tr> <td>INSURER E:</td><td></td><td></td></tr> <tr> <td>INSURER F:</td><td></td><td></td></tr> </table> | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: | Hartford Casualty Insurance Co | 29424 | INSURER B: | | | INSURER C: | | | INSURER D: | | | INSURER E: | | | INSURER F: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | |
| INSURER A: | Hartford Casualty Insurance Co | 29424 | | | | | | | | | | | | | | | | | | | | |
| INSURER B: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSR WVD | 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | 30SBAUH8895 | 05/01/2019 | 05/01/2020 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY | | 30SBAUH8895 | 05/01/2019 | 05/01/2020 | COMBINED SINGLE LIMIT (EA accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000 | | 30SBAUH8895 | 05/01/2019 | 05/01/2020 | EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | 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 \$ |

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

CERTIFICATE HOLDER

CANCELLATION

State of New Hampshire
 Dept of Health & Human Services
 115 Pleasant Street
 Hugh Gallen State Office Park South
 CONCORD, NH 03301-3852

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

CBIZ Insurance Services, Inc.

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Client#: 2372

CBIZINC

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/15/2019

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 any rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER CBIZ Insurance Services, Inc. 700 West 47th Street, Suite 1100 Kansas City, MO 64112 816 945-5500 | CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: kpeed@cbiz.com | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------------------|--|--------|------------|---------------------------------------|-------|------------|--|--|------------|--|--|------------|--|--|------------|--|--|------------|--|--|
| INSURED Myers and Stauffer LC 700 W. 47th Street, Suite 1100 Kansas City, MO 64112 | <table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> <tr> <td>INSURER A:</td><td>CNA - American Cas. Co. Of Reading PA</td><td>20427</td></tr> <tr> <td>INSURER B:</td><td></td><td></td></tr> <tr> <td>INSURER C:</td><td></td><td></td></tr> <tr> <td>INSURER D:</td><td></td><td></td></tr> <tr> <td>INSURER E:</td><td></td><td></td></tr> <tr> <td>INSURER F:</td><td></td><td></td></tr> </table> | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: | CNA - American Cas. Co. Of Reading PA | 20427 | INSURER B: | | | INSURER C: | | | INSURER D: | | | INSURER E: | | | INSURER F: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | |
| INSURER A: | CNA - American Cas. Co. Of Reading PA | 20427 | | | | | | | | | | | | | | | | | | | | |
| INSURER B: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSR | 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 - COM/PROP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <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 \$ \$ |
| A | 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 | 6072461232 6072461246CA | 09/30/2018 | 09/30/2019 | PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 |

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

Disproportionate Share Hospital (DSH) Audit

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|--|
| State of New Hampshire Dept of Health & Human Services 115 Pleasant Street Hugh Gallen State Office Park South CONCORD, NH 03301-3852 | 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 CBIZ Insurance Services, Inc. |
|---|--|

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Jeffrey A. Meyers
Commissioner

Meredith J. Telus
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
PROGRAM PLANNING & INTEGRITY
BUREAU OF IMPROVEMENT & INTEGRITY

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9622 1-800-852-3345 Ext. 9622
Fax: 603-271-8113 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

December 5, 2018

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Office of Medicaid Business and Policy to amend and renew a sole source agreement with Myers and Stauffer, LC (Vendor #230291) 400 Redland Court, Suite 300, Owings Mills, MD 21117, to continue conducting independent certified audits of the New Hampshire Medicaid Disproportionate Share Hospital (DSH) payments in accordance with current federal requirements by increasing the price limitation by \$619,264, from \$536,116 to an amount not to exceed \$1,155,380 and by extending the completion date from December 31, 2018 to December 31, 2021 effective January 1, 2019 or upon Governor and Executive Council approval, whichever is later. 50% Federal Funds 50% Medicaid Enhancement Tax Funds

This agreement was originally approved by the Governor and Executive Council on January 13, 2016, Item #10.

Funds are available in the following account for State Fiscal Year 2019 and are anticipated to be available in State Fiscal Years 2020 through 2022, upon the availability and continued appropriation of funds in the future operating budget, with authority to adjust encumbrances between State Fiscal Years through the Budget Office without further approval from the Governor and Executive Council, if needed and justified.

05-95-47-470010-7943 HEALTH AND SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SVCS, DEPT OF HHS: OFC OF MEDICAID & BUS POLICY, UNCOMPENSATED CARE FUND

| State Fiscal Year | Class/ Account | Title | Activity Code | Current Budget | Increase/ (Decrease) | Modified Budget |
|-------------------|----------------|---------------------------|---------------|----------------|----------------------|-----------------|
| 2016 | 102/500731 | Contracts for Prog. Servs | 47000021 | \$57,875 | \$0 | \$57,875 |
| 2017 | 102/500731 | Contracts for Prog. Servs | 47000021 | \$164,845 | \$0 | \$164,845 |
| 2018 | 102/500731 | Contracts for Prog. Servs | 47000021 | \$210,184 | \$0 | \$210,184 |
| 2019 | 102/500731 | Contracts for Prog. Servs | 47000021 | \$103,212 | \$103,211 | \$206,423 |
| 2020 | 102/500731 | Contracts for Prog. Servs | 47000021 | | \$206,421 | \$206,421 |
| 2021 | 102/500731 | Contracts for Prog. Servs | 47000021 | | \$206,421 | \$206,421 |
| 2022 | 102/500731 | Contracts for Prog. Servs | 47000021 | | \$103,211 | \$103,211 |
| | | | Total: | \$536,116 | \$619,264 | \$1,155,380 |

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 and SFY 2022-2023 biennia.

EXPLANATION

This agreement is sole source because Myers and Stauffer, LC has been providing independent certified audits of New Hampshire Medicaid Disproportionate Share Hospital (DSH) payments in accordance with Federal requirements since 2009. This vendor has become highly informed about the particulars and history of the NH Medicaid program policies and procedures relating to the annual DSH payment program. The combination of high quality and unique understanding of New Hampshire programs puts this vendor in a better position to continue to produce required deliverables with efficiency and expertise.

The purpose of this agreement to ensure continued compliance with Federal Regulations at 42 CFR Parts 447 and 455 Medicaid Program; Disproportionate Share Hospital's Payments; Final Rule, published in the Federal Register on December 19, 2008 by extending services for three (3) years. This rule requires all State Medicaid Programs that make payment to disproportionate share hospitals for uncompensated care to obtain an independent audit and submit a report on those payments to the Centers for Medicare and Medicaid Services according to the requirements of Sections 1923(j) of the Social Security Act. The Federal share of funding for disproportionate share hospital's payments is contingent on compliance with this rule.

Title XIX of the Social Security Act authorizes federal grants to states for Medicaid programs that provide medical assistance to low-income adults and families, the elderly, and persons with disabilities. Section 1902(1)(13)(A)(iv) of the Act requires that states make Medicaid payment adjustments for hospitals that serve a disproportionate share of low-income patients with special needs. Section 1923 of the Act contains more specific requirements related to such disproportionate share hospitals payments, including aggregate annual state-specific limits on federal financial participation under Section 1923(f), and hospital-specific limits on disproportionate share hospitals payments under Section 1923(g). Under those hospital-specific limits, a hospital's disproportionate share payments may not exceed the uncompensated costs incurred by that hospital in furnishing services during the given year to Medicaid patients and the uninsured.

In addition, Section 1923(a)(2)(D) of the Act requires states to provide an annual report to the U.S. Department of Health and Human Services Secretary describing the payment adjustments made to each disproportionate share hospital. Section 1923(j)(2) of the Act requires states to have their disproportionate share hospitals payment programs independently audited and to submit the independent certified audit annually to the U.S. Department of Health and Human Services Secretary, and Section 1923(j) of the Act also makes Federal matching payments contingent upon a state's submission of the annual disproportionate share hospitals report and independent certified audit. The New Hampshire Department of Health and Human Services is the single state agency designated to administer Medical Assistance under Title XIX of the Federal Social Security Act.

The Exhibit C-1 of the original contract contained language providing the Department the option to renew for up to six (6) years, subject to the continued availability of funds, satisfactory performance of contracted services and Governor and Executive Council approval. The Department is requesting to exercise three (3) years of this option.

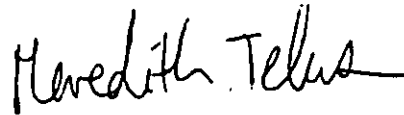
Should the Governor and Executive Council not approve this request, the Department may not have the resources to complete the Federally Required Audits which may result in the loss of the Federal share of funding for Disproportionate Share Hospital's Payments.

Area served: Statewide.

Source of funds: 50% Federal funds and 50% Other funds.

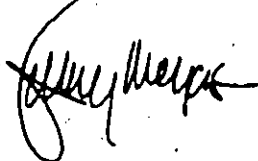
In the event that Federal Funds became no longer available, no further General Funds will be requested to support this program.

Respectfully submitted,



Meredith J. Telus
Director

Approved by:



Jeffrey A. Meyers
Commissioner

**New Hampshire Department of Health and Human Services
Disproportionate Share Hospital Audit**



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Disproportionate Share Hospital Audit**

This 1st Amendment to the Disproportionate Share Hospital Audit contract (hereinafter referred to as "Amendment #1") dated this 4th day of December, 2018, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Myers and Stauffer, LC. (hereinafter referred to as "the Contractor"), a corporation with a place of business at 400 Redland Court, Suite 300, Owings Mills, MD 21117.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on January 31, 2016, (Item #10), 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 and the payment schedule 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; 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:
\$1,155,380.
3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
Nathan D. White, Director.
4. Form P-37, General Provisions, Block 1.10, State Agency Telephone Number, to read:
603-271-9631.
5. Delete Exhibit A, Scope of Services in its entirety and replace with Exhibit A, Amendment #1, Scope of Services.
6. Delete Exhibit A-1 in its entirety and replace with Exhibit A-1, Amendment #1.
7. Add Exhibit B, Amendment #1, Methods and Conditions Precedent to Payment.

New Hampshire Department of Health and Human Services
Disproportionate Share Hospital Audit



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

State of New Hampshire
Department of Health and Human Services

12/9/18
Date

[Signature]
Name:
Title:

Myers and Stauffer LC

12/05/2018
Date

[Signature]
Name: John D. Kraft
Title: Member

Acknowledgement of Contractor's signature:

State of Maryland, City of Baltimore on 12/05/2018, 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.

[Signature]
Signature of Notary Public or Justice of the Peace
David D. Buck
Name and Title of Notary or Justice of the Peace

My Commission Expires: March 10, 2019

New Hampshire Department of Health and Human Services
Disproportionate Share Hospital Audit



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

OFFICE OF THE ATTORNEY GENERAL

Date

12/10/19

Name:
Title:

Michael J. Lyle
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:



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

2. Scope of Work

- 2.1. The Contractor shall conduct independent certified audits of the New Hampshire Medicaid Disproportionate Share Hospital (DSH) reimbursements in accordance with the requirements of 42 CFR Part 447, Subpart E and Part 455, Subpart D, and as amended during the term of this contract, utilizing the Centers for Medicare and Medicaid Services (CMS) General DSH Audit and Reporting Protocol in order to comply with these rules. The Contractor shall:
 - 2.1.1. Provide a complete, certified, independent audit and report for each of the three (3) Medicaid State Plan Rate Years. The audit and report must be submitted to the Department, as follows:
 - 2.1.1.1. Medicaid Plan Years 2016 shall be submitted by September 30, 2019.
 - 2.1.1.2. Medicaid Plan Years 2017 shall be submitted by September 30, 2020.
 - 2.1.1.3. Medicaid Plan Years 2018 shall be submitted by September 30, 2021.
 - 2.1.2. Assist the Department with reporting to and following up with CMS, as needed.
- 2.2. The Contractor shall review the Department's methodology for estimating hospital-specific DSH payments limit in accordance with the Omnibus Budget Reconciliation Act (OBRA) 1993 as well as the Department's DSH payment methodologies in the approved Medicaid State Plan for the State Plan rate year under audit. The Contractor shall:
 - 2.2.1. Review the State's DSH audit protocol to ensure:
 - 2.2.1.1. Consistency with inpatient/outpatient (IP/OP) Medicaid reimbursable services in the approved Medicaid State Plan.
 - 2.2.1.2. Only costs eligible for DSH payments are included in the development of the hospital specific DSH payment limit.
 - 2.2.2. Conduct reviews and compile hospital-specific IP/OP cost report data and IP/OP revenue data in order to measure each hospital-specific DSH payment limit for up to twenty-nine (29) participating hospitals identified in Exhibit A-1, which includes one (1) government owned and operated



hospital. For all non-governmental hospitals, the Contractor shall determine the DSH payment limit by:

- 2.2.2.1. Determining the existence of a Medicaid shortfall by measuring Medicaid IP/OP hospital costs against Medicaid IP/OP revenue received for services, including but not limited to regular Medicaid rate payments, add-ons, supplemental enhanced payments, Medicaid Managed Care revenues, and third party liability payments, unless a court order of a federal or state court, which is binding on the State of New Hampshire, has prohibited the inclusion of some or all of such third party liability payments.
- 2.2.2.2. Reducing costs associated with patients who have no source of third-party coverage by applicable revenues.
- 2.2.2.3. Adding the reduced costs in Section 2.2.2.2. to the Medicaid shortfall.
- 2.2.3. Compile total DSH payments made to each qualifying hospital in each auditable year, including DSH payments received by each hospital from other states.
- 2.2.4. Compare hospital specific DSH cost limits against hospital specific total DSH payments in the audited Medicaid State plan rate year.
- 2.2.5. Summarize findings identifying any overpayments/underpayments to particular hospitals.
- 2.3. The Contractor shall issue independent certified audits for each auditable year that verify the following:
 - 2.3.1. Each hospital that qualifies for a DSH payment in the State is allowed to retain that payment so that the payment is available to offset its uncompensated care costs for furnishing IP/OP hospital services during the Medicaid State Plan year to Medicaid eligible individuals and individuals with no source of third-party coverage for the services.
 - 2.3.2. Only uncompensated care costs of furnishings IP/OP hospital services to Medicaid eligible individuals and individuals with no third-party coverage for the OP/OP hospital services they received as described in Section 1923(g)(1)(A) of the Act are eligible for inclusion in the calculation of the hospital-specific disproportionate share payment limit, as described in Section 1923(g)(1)(A) of the Act.
 - 2.3.3. For purposes of this hospital-specific calculation, any Medicaid payments (including regular Medicaid FFS rate payments, supplemental/enhanced Medicaid payments, and Medicaid managed care organization payments) made to a DSH for furnishing IP/OP hospital services to Medicaid eligible individuals, which are in excess of the each hospital's Medicaid incurred costs of such services, are applied against the uncompensated care costs of furnishing IP/OP hospital services to individuals with no source of third-party coverage for such services.



- 2.3.4. Any information and records of all of its IP/OP hospital service costs under the Medicaid program; claimed expenditures under the Medicaid program; uninsured IP/OP hospital service costs in determining payment adjustments under this section; and any payments made on behalf of the uninsured from payment adjustments under this section has been separately documented and retained by the State.
- 2.3.5. The information specified in Section 2.3.5 includes a description of the methodology for calculating each hospital's payment limit under Section 1923 (g)(1) of the Act. Included in the description of the methodology, the audit report must specify how the State defined incurred IP/OP hospital costs for furnishing IP/OP hospital services to Medicaid eligible individuals and individuals with no source of third-party coverage for the IP/OP hospital services they received.
- 2.4. In order to make the assessments on the verifications in Section 2.3, above, the Contract shall concurrently adhere to:
 - 2.4.1. State Level Procedures, which include:
 - 2.4.1.1. Obtaining DHHS documentation including the report required in 42 CFR Section 447.299 and other information that the Department would have access to, such as payments by Medicaid Managed Care Organizations and Upper Payment Limit (UPL) payments.
 - 2.4.1.2. Obtaining information reported by neighboring States about those states' DSH payments to hospitals located in New Hampshire.
 - 2.4.1.3. Obtaining the Department's assertion over the accuracy of the report required by Section 447.299.
 - 2.4.1.4. Obtaining and reviewing the Department's methodology for estimating hospital's hospital-specific DSH limit and the Department's DSH payment methodologies, in the approved State Medicaid Plan, for the State plan rate year under examination.
 - 2.4.1.5. Obtaining and reviewing the Department's DSH review protocol to ensure consistency with Medicaid reimbursable services in the approved State Medicaid Plan.
 - 2.4.1.6. Ensuring that only costs eligible for DSH payments are included in the development of the hospital-specific DSH payment limit.
 - 2.4.1.7. Working with the Department to notify hospitals of procedures and expectations, which shall include information required from the hospitals in order for the Contractor to complete State Level Procedures, as well as due dates for submittals.
 - 2.4.1.8. Obtaining documentation from the Department that details the Department's DSH methodologies and payments.
 - 2.4.1.9. Comparing the "Provider Data Summary Schedule" prepared by the Contractor to the Department's DSH reporting schedule/s and/or documentation, and summarizing any differences.



- 2.4.1.10. Issuing an independent report, as required under 42 CFR Section 455.304.
- 2.4.2. Hospital Level Procedures, which include two tiers, as identified by the Contractor and the Department, as follows:
 - 2.4.2.1. The Contractor shall perform comprehensive in-depth desk reviews for one group which shall include:
 - 2.4.2.1.1. Requesting documentation detailing each hospital's uninsured patient data and Medicaid eligible patient data.
 - 2.4.2.1.2. Determining whether each hospital designated as a DSH hospital meets the minimum requirements to participate. Reconciling hospital revenue and expenses from working trial balance, financial statements and CMS Form 2552 cost reports for each auditable year.
 - 2.4.2.1.3. Obtaining the Department's Medicaid Management Information System (MMIS) summary for comparison to hospital submitted data.
 - 2.4.2.1.4. Performing detailed analysis of uninsured charges.
 - 2.4.2.1.5. Verifying payments to individual DSH from non-governmental and non-third party payers.
 - 2.4.2.1.6. Validating data from each DSH to determine:
 - 2.4.2.1.6.1. Its hospital-specific DSH limit.
 - 2.4.2.1.6.2. Its total annual uncompensated care cost.
 - 2.4.2.1.6.3. The amount of DSH payments received from any source.
 - 2.4.2.1.7. Preparing and comparing the Provider Data Summary Schedule to the Department's documentation required by 42 CFR Section 447.299.
 - 2.4.2.2. The Contractor shall perform higher-level limited scope desk reviews on the other group.
- 2.5. The Contractor shall meet all requirements, specifications and qualifications in this contract, which includes but is not limited to:
 - 2.5.1. Requesting necessary information and files for the appropriate period and preparing the data for use in the audit.
 - 2.5.2. Preparing all aspects of the audit program.
 - 2.5.3. Maintaining the flexibility for on-going enhancements, updates, and changes, as needed.



- 2.5.4. Assuming the costs of acquiring, developing, and monitoring the necessary professional and administrative support resources and materials, as well as unforeseen incidentals, such as duplication costs.
- 2.5.5. Preparing and maintaining all materials and testifying in appeals or other legal actions occurring as the result of the DSH audits.

3. Reporting Requirements

- 3.1. To assist the Department in meeting its reporting requirements under 42 CFR 447.299(c), the Contractor shall issue reports for each auditable year that list the information for each DSH to which the State made a DSH payments as follows:
 - 3.1.1. Hospital name – The name of the hospital that received a DSH payment from the State, identifying facilities that are institutes for mental disease and facilities that are located out-of-state.
 - 3.1.2. Department's estimate of hospital-specific DSH limit – The Department's estimate of eligible uncompensated care for the hospital receiving a DSH payment for the year under audit based on the Department's methodology for determining an interim estimate of the hospital's DSH limit.
 - 3.1.3. Medicaid inpatient utilization rate – The hospital's Medicaid inpatient utilization rate, as defined in Section 1923(b)(2) of the federal Social Security Act (the Act).
 - 3.1.4. Low income utilization rate – The hospital's low income utilization rate, as defined in Section 1923(b)(3) of the Act.
 - 3.1.5. State defined DSH qualification criteria – If the State uses an alternate broader DSH qualification methodology as authorized in Section 1923(b)(4) of the Act, the value of the statistic and the methodology used to determine that statistic.
 - 3.1.6. IP/OP Medicaid fee-for-service (FFS) basic rate payments – The total annual amount paid to the hospital under the State plan, including Medicaid FFS rate adjustments, but not including DSH payments or supplemental/enhanced Medicaid payments, for IP/OP services furnished to Medicaid eligible individuals.
 - 3.1.7. IP/OP Medicaid managed care organization – The total annual amount paid to the hospital by Medicaid managed care organizations for IP/OP hospital services furnished to Medicaid eligible individuals.
 - 3.1.8. Supplemental/enhanced Medicaid IP/OP payments – Indicate the total annual amount of supplemental/enhanced Medicaid payments made to the hospital under the State plan. These amounts do not include DSH payments, regular Medicaid FFS rate payments, and Medicaid managed care organization payments.
 - 3.1.9. Total Medicaid IP/OP Payments – Provide the total sum of items identified in 42 CFR Part, 447.299(c) (6), (7), and (8); i.e., the sum of items identified in 3.1.6, 3.1.7, and 3.1.8 above.

JK



- 3.1.10. Total Cost of Care for Medicaid IP/OP Services – The total annual costs incurred by each hospital for furnishing IP/OP hospital services to Medicaid eligible individuals.
- 3.1.11. Total Medicaid Uncompensated Care – The total amount of uncompensated care attributable to Medicaid IP/OP services. The amount should be the result of subtracting the amount identified in 3.1.9 above from the amount identified in 3.1.10 above. The uncompensated care costs of providing Medicaid physician services cannot be included in this amount.
- 3.1.12. Uninsured IP/OP revenue – Total annual payments received by the hospital by or on behalf of individuals with no source of third-party coverage for IP/OP hospital services they receive. This amount does not include payments made by a State or units of local government, for services furnished to indigent patients.
- 3.1.13. Total Applicable Section 1011 Payments – Federal Section 1011 payments for uncompensated IP/OP hospital services provided to Section 1011 eligible aliens with no source of third-party coverage for the IP/OP hospital service they receive.
- 3.1.14. Total cost of IP/OP care for the uninsured – Indicate the total costs incurred for furnishing IP/OP hospital services to individuals with no source of third-party coverage for the hospital services they receive.
- 3.1.15. Total uninsured IP/OP uncompensated care costs – Total annual amount of uncompensated IP/OP care for furnishing IP/OP hospital services to individuals with no source of third-party coverage for the hospital services they receive. The amount should be the result of subtracting the sum of paragraphs (3.1.12) and (3.1.13), from paragraph (3.1.14) of this section. The uncompensated care costs of providing physician services to the uninsured cannot be included in this amount. The uninsured uncompensated amount also cannot include amounts associated with unpaid co-pays or deductibles for individuals with third-party coverage for the inpatient and/or outpatient hospital services they receive or any other unreimbursed costs associated with inpatient and/or outpatient hospital services they receive or any other unreimbursed costs associated with inpatient and/or outpatient hospital services provided to individuals with those services in their third-party coverage benefit package. Nor does uncompensated care costs include bad debt or payer discounts related to services furnished to individuals who have health insurance or other third-party payer.
- 3.1.16. Total annual uncompensated care costs – The total annual uncompensated care cost equals the total cost of care for furnishing IP/OP hospital service to Medicaid eligible individuals and to individuals with no source of third-party coverage for the hospital services they receive, less the sum of regular Medicaid FSS rate payments, Medicaid managed care organizations payments, supplemental/enhanced Medicaid payments, uninsured revenues, and Section 1011 payments for IP/OP hospital services. This should equal the sum of paragraphs (3.1.11) and (3.1.15).

JK



3.1.17. DSH payments – Indicate total annual payment adjustments made to each hospital under Section 1923 of the Act.

3.1.18. DSH payments made to all hospitals under the authority of the approved Medicaid State plan – this includes both in-State and out-of-State hospitals.

4. Deliverables

- 4.1. The Contractor shall provide a complete, certified, independent audit and report for each of the Medicaid State Plan Rate Years, as described in Section 2.1.1, no later than September 30th in each of the contract years commencing with the first September after the contract effective date.

Exhibit A-1, Amendment #1
Disproportionate Share Hospital Payments by State Fiscal Year
(Years to be Audited)



| Hospital Name | *Type | 2016 | 2017 | 2018 |
|---------------------------------------|-------|-----------|-----------|-----------|
| Alice Peck Day Memorial Hospital | CAH | X | X | X |
| Androscoggin Valley Hospital | CAH | | | |
| Catholic Medical Center | PPS | X | X | X |
| Concord Hospital | PPS | X | X | X |
| Cottage Hospital | CAH | X | X | X |
| Elliot Hospital | PPS | X | X | X |
| Exeter Hospital | PPS | X | X | X |
| Franklin Regional Hospital | CAH | X | X | X |
| Frisbie Memorial Hospital | PPS | X | X | X |
| Hampstead Hospital | SPH | | X | X |
| HealthSouth Rehabilitation Hospital | PPS | | | |
| Huggins Hospital | CAH | X | X | X |
| Lakes Region General Hospital | PPS | X | X | X |
| Littleton Regional Hospital | CAH | X | X | X |
| Mary Hitchcock Memorial Hospital | PPS | X | X | X |
| Monadnock Community Hospital | CAH | X | X | X |
| New Hampshire Hospital | PPS | X | X | X |
| New London Hospital | CAH | X | X | X |
| Northeast Rehabilitation Hospital | PPS | | | |
| Parkland Medical Center | PPS | X | X | X |
| Portsmouth Regional Hospital | PPS | X | X | X |
| Southern New Hampshire Medical Center | PPS | X | X | X |
| Spear Memorial Hospital | CAH | X | X | X |
| St. Joseph Hospital | PPS | X | X | X |
| The Cheshire Medical Center | PPS | X | X | X |
| The Memorial Hospital | CAH | | | |
| Upper Connecticut Valley Hospital | CAH | X | X | X |
| Valley Regional Hospital | CAH | X | X | X |
| Weeks Medical Center | CAH | X | X | X |
| Wentworth-Douglass Hospital | PPS | | | |
| Totals: | | 24 | 26 | 26 |

*Type: CAH – Critical Access Hospital PPS – Prospective Payment System SPH – Specialty Hospital

**New Hampshire Department of Health and Human Services
Disproportionate Share Hospitals Audit**



**Exhibit B, Amendment #1
Method and Conditions Precedent to Payment**

1. This Contract is funded by federal and other funds. Access to federal funding is contingent upon meeting the requirements of the Catalogue of Federal and Domestic Assistance (CFDA) # 93.778; Agency: Department of Health and Human Services; Office: Centers for Medicare and Medicaid Services; Program: Medical Assistance Program, Medicaid; Title XIX.
2. The State shall pay the Contractor an amount not to exceed the Price Limitation on Form P-37, Block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Amendment #1, Scope of Services.
3. The Contractor must submit quarterly invoices for deliverables outline in Exhibit A, Amendment #1, Scope of Services.
4. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
5. Invoices shall be submitted on the Contractor's letterhead and must include the following information:
 - 5.1. The total amount requested for the previous quarter and the services performed during that period.
 - 5.2. The Contractor's vendor number.
 - 5.3. Dates that services were provided.
 - 5.4. Specific service provided; number of hours; and rate per hour.
 - 5.5. A dated signature of the Chief Executive Officer or individual with the legal authority to sign on behalf of the Contractor.
6. Rates, maximum number of hours and total amount by procedure for services described in this Contract are identified in Table 1, below.

| SFY | State Procedures | | | Hospital Procedures | | |
|------|------------------|----------|-------------|---------------------|----------|--------------|
| | Hours | Rate | Total | Hours | Rate | Total |
| 2016 | 60 | \$143.48 | \$8,609.00 | 357 | \$138.00 | \$49,266.00 |
| 2017 | 120 | \$145.63 | \$17,476.00 | 1047 | \$140.75 | \$147,370.00 |
| 2018 | 120 | \$150.00 | \$18,000.00 | 1333 | \$144.17 | \$192,184.00 |
| 2019 | 120 | \$152.22 | \$18,266.40 | 1286 | \$146.31 | \$188,154.66 |
| 2020 | 120 | \$152.22 | \$18,266 | 1286 | \$146.31 | \$188,155 |
| 2021 | 120 | \$152.22 | \$18,266 | 1286 | \$146.31 | \$188,155 |
| 2022 | 60 | \$152.22 | \$9,133 | 643 | \$146.31 | \$94,077 |

**New Hampshire Department of Health and Human Services
Disproportionate Share Hospitals Audit**



**Exhibit B, Amendment #1
Method and Conditions Precedent to Payment**

7. All invoices shall contain an original signature. Faxed or electronic copies shall not be accepted.
8. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Amendment #1, Scope of Services.
9. A final payment request shall be submitted no later than forty (40) days after the Contract ends. Failure to submit the invoice, and accompanying documentation could result in nonpayment.



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

Nicholas A. Tompkins
Commissioner

Kathleen A. Dunn
Associate Commissioner
Medicaid Director

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9422 1-800-852-3345 Ext 9422
Fax: 603-271-8431 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

November 24, 2015

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

Sue Sarce

REQUESTED ACTION

Authorize the Department of Health and Human Services, Office of Medicaid Business and Policy to enter into a sole source agreement with Myers and Stauffer, LC (Vendor #230291) 400 Redland Court, Suite 300, Owings Mills, MD 21117, to conduct independent certified audits of the New Hampshire Medicaid Disproportionate Share Hospital (DSH) payments in accordance with federal requirements in an amount not to exceed \$536,116 effective January 1, 2016 or upon approval of Governor and Executive Council, whichever is later, through December 31, 2018. 50% Federal Funds and 50% Other Funds

Funds are available in the following accounts in State Fiscal Year 2016 and anticipated to be available in State Fiscal Year 2017, State Fiscal Year 2018 and State Fiscal Year 2019, with the ability to adjust encumbrances between State Fiscal Years through the Budget Office, if needed and justified, without further approval from the Governor and Executive Council.

05-95-47-470010-7943 HEALTH AND SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SVCS, DEPT OF HHS: OFC OF MEDICAID & BUS POLICY, UNCOMPENSATED CARE FUND

| Fiscal Year | Class/Account | Title | Activity Code | Amount |
|-------------|---------------|--------------------------------|---------------|-----------|
| 2016 | 102/500731 | Contracts for Program Services | 47000021 | \$57,875 |
| 2017 | 102/500731 | Contracts for Program Services | 47000021 | \$164,845 |
| 2018 | 102/500731 | Contracts for Program Services | 47000021 | \$210,184 |
| 2019 | 102/500731 | Contracts for Program Services | 47000021 | \$103,212 |
| Total: | | | | \$536,116 |

EXPLANATION

This is a sole source agreement because Myers and Stauffer, LC has been providing independent certified audits of New Hampshire Medicaid Disproportionate Share Hospital (DSH) payments in accordance with Federal requirements since 2009. This vendor has been providing required audit services in an exceptional manner with an attention to detail and quality, and has become uniquely familiar with the New Hampshire hospitals' financials, cost accounting protocols and treatment of uncompensated care costs, payments and revenues. The combination of high quality and unique understanding of New Hampshire programs puts this vendor in a superior position to produce required deliverables with much more efficiency and expertise than other potential bidders in the market.

The purpose of this agreement provides the Department with necessary assistance to comply with Federal Regulations at 42 CFR Parts 447 and 455 Medicaid Program; Disproportionate Share Hospital's Payments; Final Rule, published in the Federal Register on December 19, 2008. This rule requires all State Medicaid Programs that make payment to disproportionate share hospitals for uncompensated care to obtain an independent audit and submit a report on those payments to the Centers for Medicare and Medicaid Services according to the requirements of Sections 1923(j) of the Social Security Act. The Federal share of funding for disproportionate share hospital's payments is contingent on compliance with this rule.

This contract contains renewal language which allows for contract extension for up to six (6) additional years subject to acceptable provision of services; continue appropriation of funding; and Governor and Executive Council approval.

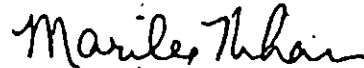
Should the Governor and Executive Council not approve this request, the Department may not have the resources to complete the Federally Required Audits which may result in the loss of the Federal share of funding for Disproportionate Share Hospital's Payments.

Area served: Statewide.

Source of funds: 50% Federal funds and 50% Other funds.

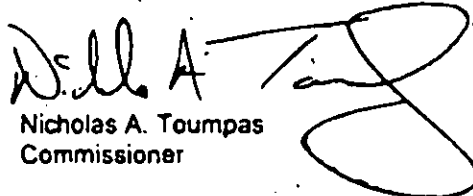
In the event that Federal Funds became no longer available, no further General Funds will be requested to support this program.

Respectfully submitted,



for Kathleen A. Dunn, MPH
Associate Commissioner
Medicaid Director

Approved by:



Nicholas A. Toumpas
Commissioner

Subject: Disproportionate Share Hospitals Audit

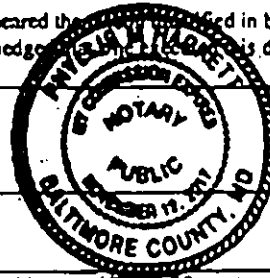
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

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 03301-3857 | |
| 1.3 Contractor Name Myers and Stauffer LC | | 1.4 Contractor Address 400 Redland Court, Suite 300 Owings Mills, MD 21117 | |
| 1.5 Contractor Phone Number 410-581-4543 | 1.6 Account Number 05-95-47-470010-7943 | 1.7 Completion Date December 31, 2018 | 1.8 Price Limitation \$536,116 |
| 1.9 Contracting Officer for State Agency Eric Borrin, Director | | 1.10 State Agency Telephone Number 603-271-9558 | |
| 1.11 Contractor Signature <i>John D. Kraft</i> | | 1.12 Name and Title of Contractor Signatory John D. Kraft, Member | |
| 1.13 Acknowledgement: State of _____, County of _____ On 11/9/2015, before the undersigned officer, personally appeared the _____, identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that this document is the document in the capacity indicated in block 1.12. | | | |
| 1.13.1 Signature of Notary Public or Justice of the Peace <i>Thomas M. Hackett</i> | | | |
| 1.13.2 Name and Title of Notary or Justice of the Peace <i>THOMAS M. HACKETT</i> | | | |
| 1.14 State Agency Signature <i>Marilee Nihan</i> Date: 11/25/15 | | 1.15 Name and Title of State Agency Signatory Marilee Nihan Deputy Commissioner | |
| 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) (if applicable) By: <i>Mary</i> Megan A. Kelly 12/1/15 | | | |
| 1.18 Approval by the Governor and Executive Council (if applicable) 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, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("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. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. 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 notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and 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 \$1,000,000 per occurrence and \$2,000,000 aggregate; and

14.1.2 special cause of loss coverage form 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 thirty (30) 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 provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) 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 unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

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.



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

2. Scope of Work

- 2.1. The Contractor shall conduct independent certified audits of the New Hampshire Medicaid Disproportionate Share Hospital (DSH) reimbursements in accordance with the requirements of 42 CFR Parts 447 and 445, Final Rule, 73 FR 77904, December 19, 2008, utilizing the Centers for Medicare and Medicaid Services (CMS) General DSH Audit and Reporting Protocol in order to comply with these rules. The Contractor shall:
 - 2.1.1. Provide a complete, certified, independent audit and report for each of the three (3) Medicaid State Plan Rate Years. The audit and report must be submitted to the Department, as follows:
 - 2.1.1.1. Medicaid Plan Years 2013 shall be submitted by September 30, 2016
 - 2.1.1.2. Medicaid Plan Years 2014 shall be submitted by September 30, 2017
 - 2.1.1.3. Medicaid Plan Years 2015 shall be submitted by September 30, 2018
 - 2.1.2. Assist the Department with reporting to and following up with CMS, as needed.
- 2.2. The Contractor shall review the Department's methodology for estimating hospital-specific DSH payments limit in accordance with the Omnibus Budget Reconciliation Act (OBRA) 1993 as well as the Department's DSH payment methodologies in the approved Medicaid State Plan for the State Plan rate year under audit. The Contractor shall:
 - 2.2.1. Review the State's DSH audit protocol to ensure:
 - 2.2.1.1. Consistency with inpatient/outpatient (IP/OP) Medicaid reimbursable services in the approved Medicaid State Plan.
 - 2.2.1.2. Only costs eligible for DSH payments are included in the development of the hospital specific DSH payment limit.
 - 2.2.2. Conduct reviews and compile hospital-specific IP/OP cost report data and IP/OP revenue data in order to measure each hospital-specific DSH payment limit for up to twenty-nine (29) participating hospitals identified in Exhibit A-1, which includes one (1) government owned and operated hospital. For all non-governmental hospitals, the Contractor shall determine the DSH payment limit by:

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Exhibit A

- 2.2.2.1. Determining the existence of a Medicaid shortfall by measuring Medicaid IP/OP hospital costs against Medicaid IP/OP revenue received for services, including but not limited to regular Medicaid rate payments, add-ons, supplemental enhanced payments, third party liability payments, and Medicaid Managed Care revenues.
- 2.2.2.2. Reducing costs associated with patients who have no source of third-party coverage by applicable revenues.
- 2.2.2.3. Add the reduced costs in Section 2.2.2.2. to the Medicaid shortfall.
- 2.2.3. Compile total DSH payments made to each qualifying hospital in each auditable year, including DSH payments received by each hospital from other states.
- 2.2.4. Compare hospital specific DSH cost limits against hospital specific total DSH payments in the audited Medicaid State plan rate year.
- 2.2.5. Summarize findings identifying any overpayments/underpayments to particular hospitals.
- 2.3. The Contractor shall issue independent certified audits for each auditable year that verify the following:
 - 2.3.1. Each hospital that qualifies for a DSH payment in the State is allowed to retain that payment so that the payment is available to offset its uncompensated care costs for furnishing IP/OP hospital services during the Medicaid State Plan year to Medicaid eligible individuals and individuals with no source of third-party coverage for the services, in order to determine the total amount of each hospital's claimed DSH expenditures.
 - 2.3.2. DSH payments made to each qualifying hospital comply with the hospital-specific DSH payment limit. For each audited Medicaid State Plan rate year, the DSH payments made in that audited Medicaid State Plan rate year must be measured against the actual uncompensated care cost in that same audited Medicaid State plan year.
 - 2.3.3. Only uncompensated care costs of furnishings IP/OP hospital services to Medicaid eligible individuals and individuals with no third-party coverage for the OP/OP hospital services they received as described in Section 1923(g)(1)(A) of the Act are eligible for inclusion in the calculation of the hospital-specific disproportionate share payment limit, as described in Section 1923(g)(1)(A) of the Act.
 - 2.3.4. For purposes of this hospital-specific calculation, any Medicaid payments (including regular Medicaid FFS rate payments, supplemental/enhanced Medicaid payments, and Medicaid managed care organization payments) made to a DSH for furnishing IP/OP hospital services to Medicaid eligible individuals, which are in excess of the each hospital's Medicaid incurred costs of such services, are applied against the uncompensated care costs of furnishing IP/OP hospital services to individuals with no source of third-party coverage for such services.
 - 2.3.5. Any information and records of all of its IP/OP hospital service costs under the Medicaid program; claimed expenditures under the Medicaid program; uninsured IP/OP hospital service costs in determining payment adjustments



Exhibit A

under this section; and any payments made on behalf of the uninsured from payment adjustments under this section has been separately documented and retained by the State.

2.3.6. The information specified in Section 2.3.5 includes a description of the methodology for calculating each hospital's payment limit under Section 1923 (g)(1) of the Act. Included in the description of the methodology, the audit report must specify how the State defined incurred IP/OP hospital costs for furnishing IP/OP hospital services to Medicaid eligible individuals and individuals with no source of third-party coverage for the IP/OP hospital services they received.

2.4. In order to make the assessments on the verifications in Section 2.3, above, the Contract shall concurrently adhere to:

2.4.1. State Level Procedures, which include:

- 2.4.1.1. Obtaining DHHS documentation including the report required in 42 CFR Section 447.299 and other information that the Department would have access to, such as payments by Medicaid Managed Care Organizations and Upper Payment Limit (UPL) payments.
- 2.4.1.2. Obtaining information reported by neighboring States about those states' DSH payments to hospitals located in New Hampshire.
- 2.4.1.3. Obtaining the Department's assertion over the accuracy of the report required by Section 447.299.
- 2.4.1.4. Obtaining and reviewing the Department's methodology for estimating hospital's hospital-specific DSH limit and the Department's DSH payment methodologies, in the approved State Medicaid Plan, for the State plan rate year under examination.
- 2.4.1.5. Obtaining and reviewing the Department's DSH review protocol to ensure consistency with Medicaid reimbursable services in the approved State Medicaid Plan.
- 2.4.1.6. Ensuring that only costs eligible for DSH payments are included in the development of the hospital-specific DSH payment limit.
- 2.4.1.7. Working with the Department to notify hospitals of procedures and expectations, which shall include information required from the hospitals in order for the Contractor to complete State Level Procedures, as well as due dates for submittals.
- 2.4.1.8. Obtaining documentation from the Department that details the Department's DSH methodologies and payments.
- 2.4.1.9. Comparing the "Provider Data Summary Schedule" prepared by the Contractor to the Department's DSH reporting schedule/s and/or documentation, and summarizing any differences.
- 2.4.1.10. Issuing an independent report, as required under 42 CFR Section 455.304.

2.4.2. Hospital Level Procedures, which include two tiers, as identified by the Contractor and the Department, as follows:



Exhibit A

2.4.2.1. The Contractor shall perform comprehensive in-depth desk reviews for one group which shall include:

- 2.4.2.1.1. Requesting documentation detailing each hospital's uninsured patient data and Medicaid eligible patient data.
- 2.4.2.1.2. Ensuring that each hospital designated as a DSH hospital meets the minimum requirements to participate.
- 2.4.2.1.3. Reconciling hospital revenue and expenses from working trial balance, financial statements and CMS Form 2552 cost reports for each auditable year.
- 2.4.2.1.4. Obtaining the Department's Medicaid Management Information System (MMIS) summary for comparison to hospital submitted data.
- 2.4.2.1.5. Performing detailed analysis of uninsured charges.
- 2.4.2.1.6. Verifying payments to individual DSH from non-governmental and non-third party payers.
- 2.4.2.1.7. Validating data from each DSH to determine:
 - 2.4.2.1.7.1. Its hospital-specific DSH limit.
 - 2.4.2.1.7.2. Its total annual uncompensated care cost.
 - 2.4.2.1.7.3. The amount of DSH payments received from any source.
- 2.4.2.1.8. Preparing and comparing the Provider Data Summary Schedule to the Department's documentation required by 42 CFR Chapter IV Section 447.299.

2.4.2.2. The Contractor shall perform higher-level limited scope desk reviews on the other group.

2.5. The Contractor shall meet all requirements, specifications and qualifications in this contract, which includes but is not limited to:

- 2.5.1. Requesting necessary information and files for the appropriate period and preparing the data for use in the audit.
- 2.5.2. Preparing all aspects of the audit program.
- 2.5.3. Maintaining the flexibility for on-going enhancements, updates, and changes, as needed.
- 2.5.4. Assuming the costs of acquiring, developing, and monitoring the necessary professional and administrative support resources and materials, as well as unforeseen incidentals, such as duplication costs.
- 2.5.5. Preparing and maintaining all materials and testifying in appeals or other legal actions occurring as the result of the DSH audits.

3. Reporting Requirements

3.1. The Contractor shall issue reports for each auditable year that lists the information for each DSH to which the State made a DSH payments as follows:

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Exhibit A

- 3.1.1. Hospital name – The name of the hospital that received a DSH payment from the State, identifying facilities that are institutes for mental disease and facilities that are located out-of-state.
- 3.1.2. Department's estimate of hospital-specific DSH limit – The Department's estimate of eligible uncompensated care for the hospital receiving a DSH payment for the year under audit based on the Department's methodology for determining such limit.
- 3.1.3. Medicaid inpatient utilization rate – The hospital's Medicaid inpatient utilization rate, as defined in Section 1923(b)(2) of the Act.
- 3.1.4. Low Income utilization rate – The hospital's low income utilization rate, as defined in Section 1923(b)(3) of the Act.
- 3.1.5. State defined DSH qualification criteria – If the State uses an alternate broader DSH qualification methodology as authorized in Section 1923(b)(4) of the Act, the value of the statistic and the methodology used to determine that statistic.
- 3.1.6. IP/OP Medicaid fee-for-service (FFS) basic rate payments – The total annual amount paid to the hospital under the State plan, including Medicaid FFS rate adjustments, but not including DSH payments or supplemental/enhanced Medicaid payments, for IP/OP services furnished to Medicaid eligible individuals.
- 3.1.7. IP/OP Medicaid fee-for-service (FFS) basic rate payments – The total annual amount paid to the hospital by Medicaid managed care organizations for IP/OP hospital services furnished to Medicaid eligible individuals.
- 3.1.8. Supplemental/enhanced Medicaid IP/OP payments – Indicate the total annual amount of supplemental/enhanced Medicaid payments made to the hospital under the State plan. These amounts do not include DSH payments, regular Medicaid FFS rate payments, and Medicaid managed care organization payments.
- 3.1.9. Total Medicaid IP/OP Payments – Provide the total sum of items identified in 42 CFR Part, 447.299(c) (6),(7), and (8).
- 3.1.10. Total Cost of Care for Medicaid IP/OP Services – The total annual costs incurred by each hospital for furnishing IP/OP hospital services to Medicaid eligible individuals.
- 3.1.11. Total Medicaid Uncompensated Care – The total amount of uncompensated care attributable to Medicaid IP/OP services. The amount should be the result of subtracting the amount identified in 42 CFR Part 447.299 (c)(10). The uncompensated care costs of providing Medicaid physician services cannot be included in this amount.
- 3.1.12. Uninsured IP/OP revenue – Total annual payments received by the hospital by or on behalf of individuals with no source of third-party coverage for IP/OP hospital services they receive. This amount does not include payments made by a State or units of local government, for services furnished to indigent patients.
- 3.1.13. Total Applicable Section 1011 Payments – Federal Section 1011 payments for uncompensated IP/OP hospital services provided to Section 1011



Exhibit A

eligible aliens with no source of third-party coverage for the IP/OP hospital service they receive.

3.1.14. Total cost of IP/OP care for the uninsured – Indicate the total costs incurred for furnishing IP/OP hospital services to individuals with no source of third-party coverage for the hospital services they receive.

3.1.15. Total cost of IP/OP uncompensated care costs – Total annual amount of uncompensated IP/OP care for furnishing IP/OP hospital services to Medicaid eligible individuals and to individuals with no source of third-party coverage for the hospital services they receive. The amount should be the result of subtracting paragraphs (3.1.12) and (3.1.13), from paragraph (3.1.14) of this section. The uncompensated care costs of providing physician services to the uninsured cannot be included in this amount. The uninsured uncompensated amount also cannot include amounts associated with unpaid co-pays or deductibles for individuals with third-party coverage for the inpatient and/or outpatient hospital services they receive or any other unreimbursed costs associated with inpatient and/or outpatient hospital services they receive or any other unreimbursed costs associated with inpatient and/or outpatient hospital services provided to individuals with those services in their third-party coverage benefit package. Nor does uncompensated care costs include bad debt or payer discounts related to services furnished to individuals who have health insurance or other third-party payer.

3.1.16. Total annual uncompensated care costs – The total annual uncompensated care cost equals the total cost of care for furnishing IP/OP hospital service to Medicaid eligible individuals and to individuals with no source of third-party coverage for the hospital services they receive, less the sum of regular Medicaid FSS rate payments, Medicaid managed care organizations payments, supplemental/enhanced Medicaid payments, uninsured revenues, and Section 1011 payments for IP/OP hospital services. This should equal the sum of paragraphs (3.1.11) and (3.1.15) subtracted from the sum of paragraphs (3.1.9), (3.1.12) and (3.1.13) of this section.

3.1.17. DSH payments – Indicate total annual payment adjustments made to each hospital under Section 1923 of the Act.

3.1.18. DSH payments made to all hospitals under the authority of the approved Medicaid State plan – this includes both in-State and out-of-State hospitals.

4. Deliverables

- 4.1. The Contractor shall provide a complete, certified, independent audit and report for each of the Medicaid State Plan Rate Years, as described in Section 2.1.1, no later than September 30th in each of the contract years commencing with the first September after the contract effective date.

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Exhibit A-1
Disproportionate Share Hospital Payments by State Fiscal Year
(Years to be Audited)



| Hospital Name | *Type | 2013 | 2014 | 2015 |
|---------------------------------------|-------|-----------|-----------|-----------|
| Alice Peck Day Memorial Hospital | CAH | 1 | 1 | 1 |
| Androscoggin Valley Hospital | CAH | 1 | 1 | 1 |
| Catholic Medical Center | PPS | | 1 | 1 |
| Concord Hospital | PPS | | 1 | 1 |
| Cottage Hospital | CAH | 1 | 1 | 1 |
| Elliot Hospital | PPS | | 1 | 1 |
| Exeter Hospital | PPS | | 1 | 1 |
| Franklin Regional Hospital | CAH | 1 | 1 | 1 |
| Frisbie Memorial Hospital | PPS | 1 | 1 | 1 |
| HealthSouth Rehabilitation Hospital | PPS | | 1 | |
| Huggins Hospital | CAH | 1 | 1 | 1 |
| Lakes Region General Hospital | PPS | | 1 | 1 |
| Littleton Regional Hospital | CAH | 1 | 1 | 1 |
| Mary Hitchcock Memorial Hospital | PPS | 1 | 1 | 1 |
| Monadnock Community Hospital | CAH | 1 | 1 | 1 |
| New Hampshire Hospital | PPS | | 1 | 1 |
| New London Hospital | CAH | 1 | 1 | 1 |
| Northeast Rehabilitation Hospital | PPS | | 1 | |
| Parkland Medical Center | PPS | | 1 | 1 |
| Portsmouth Regional Hospital | PPS | | 1 | 1 |
| Southern New Hampshire Medical Center | PPS | | 1 | 1 |
| Spear Memorial Hospital | CAH | 1 | 1 | 1 |
| St. Joseph Hospital | PPS | | 1 | 1 |
| The Cheshire Medical Center | PPS | | 1 | 1 |
| The Memorial Hospital | CAH | 1 | 1 | 1 |
| Upper Connecticut Valley Hospital | CAH | 1 | 1 | 1 |
| Valley Regional Hospital | CAH | 1 | 1 | 1 |
| Weeks Medical Center | CAH | 1 | 1 | 1 |
| Wentworth-Douglass Hospital | PPS | | 1 | 1 |
| Totals: | | 15 | 29 | 27 |

*Type: CAH – Critical Access Hospital PPS – Prospective Payment System

New Hampshire Department of Health and Human Services
Disproportionate Share Hospitals Audit



Exhibit B
Method and Conditions Precedent to Payment

1. This Contract is funded by federal and other funds. Access to federal funding is contingent upon meeting the requirements of the Catalogue of Federal and Domestic Assistance (CFDA) # 93.778; Agency: Department of Health and Human Services; Office: Centers for Medicare and Medicaid Services; Program: Medical Assistance Program, Medicaid; Title XIX.
2. The State shall pay the Contractor an amount not to exceed the Price Limitation on Form P-37, Block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
3. The Contractor must submit quarterly invoices for deliverables outline in Exhibit A, Scope of Services.
4. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
5. Invoices shall be submitted on the Contractor's letterhead and must include the following information:
 - 5.1. The total amount requested for the previous quarter and the services performed during that period.
 - 5.2. The Contractor's vendor number.
 - 5.3. Dates that services were provided.
 - 5.4. Specific service provided; number of hours; and rate per hour.
 - 5.5. A dated signature of the Chief Executive Officer or individual with the legal authority to sign on behalf of the Contractor.
6. Rates, maximum number of hours and total amount by procedure for services described in this Contract are identified in Table 1, below.

| SFY | State Procedures | | | Hospital Procedures | | |
|------|------------------|----------|------------|---------------------|----------|-------------|
| | Hours | Rate | Total | Hours | Rate | Total |
| 2016 | 60 | \$143.48 | \$8,609.00 | 357 | \$138.00 | \$49,266.00 |
| 2017 | 120 | 145.63 | 17,476.00 | 1047 | 140.75 | 147,370.00 |
| 2018 | 120 | 150.00 | 18,000.00 | 1333 | 144.17 | 192,184.00 |
| 2019 | 60 | 152.22 | 9,133.00 | 643 | 146.31 | 94,078.00 |

7. All invoices shall contain an original signature. Faxed or electronic copies shall not be accepted.
8. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A.

New Hampshire Department of Health and Human Services
Disproportionate Share Hospitals Audit



Exhibit B
Method and Conditions Precedent to Payment

9. A final payment request shall be submitted no later than forty (40) days after the Contract ends. Failure to submit the invoice, and accompanying documentation could result in nonpayment.
10. Notwithstanding paragraph 18 of Form P-37, General Provisions, an amendment limited to the adjustment of the amounts between budget line items and/or State Fiscal Years, related items, and amendments of related budget exhibits, can be made by written agreement of both parties and do not require additional approval of the Governor and Executive Council.

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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 Contractor's 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;



- 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 (EEOP):** The Contractor will provide an Equal Employment Opportunity Plan (EEOP) 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 this agreement for up to six (6) years subject to acceptable provision of services; continued appropriation of funding; and Governor and Executive Council approval.



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 GRANTEEES 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)
400 Redland Court, Suite 300
Owings Mills, MD 21117

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

Contractor Name: Myers and Stauffer LC

11/9/2015
Date

Name: John D. Kraft
Title: Member



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, grant, loan, or cooperative agreement, 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: Myers and Stauffer LC

11/9/2015

Date


Name: John D. Kraft
Title: Member

Exhibit E - Certification Regarding Lobbying

Contractor Initials

Date 11/9/2015



**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

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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: Myers and Stauffer LC

11/9/2015
Date


Name: John D. Kraft
Title: Member





**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

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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: Myers and Stauffer LC

11/9/2015

Date



Name: John D. Kraft
Title: Member

Exhibit G

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

Contractor Initials





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: Myers and Stauffer LC

11/9/2015 _____
Date



Name: John D. Kraft
Title: Member



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.



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

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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

3/2014

Contractor Initials

Date 11/9/2015



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 164.526.
- 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

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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.

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- e. Segregation. 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.

The State

Marilee Nihan

Signature of Authorized Representative

Marilee Nihan

Name of Authorized Representative

Deputy Commissioner

Title of Authorized Representative

11/25/15

Date

Myers and Stauffer LC
Name of the Contractor

John D. Kraft

Signature of Authorized Representative

John D. Kraft

Name of Authorized Representative

Member

Title of Authorized Representative

11/9/2015

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 (DUNS #)
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.

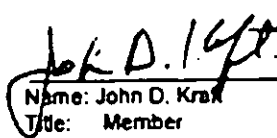
Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

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: Myers and Stauffer LC

11/9/2015
Date


Name: John D. Kraus
Title: Member



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: 076353009
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?

 X 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: _____ |