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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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NH DIVISION OF Public Health Services
Improving health, preventing disease, reducing costs for all

Jeffrey A. Meyers
Commissioner

Marcella J. Bobinsky
Acting Director

April 25, 2016

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to exercise a renewal option and amend an existing agreement with the Community Health Access Network, Inc., Purchase Order # 1042012, Vendor # 162256-B001, 207 South Main Street, Newmarket, NH 03857, by increasing the Price Limitation by $566,038 from $628,843 to an amount not to exceed $1,194,881 to coordinate and implement diabetes, hypertension, asthma, and cancer health systems interventions to improve prevention, early detection, and management of these chronic diseases, and extend the Completion Date from June 30, 2016 to June 30, 2018, effective July 1, 2016 or the date of Governor and Council approval, whichever is later. This agreement was originally approved by Governor and Council on January 28, 2015, Item #13. 100% Federal Funds.

Funds are available in the following accounts for SFY 2017, and are anticipated to be available in SFY 2018, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

Please see attached financial detail.

EXPLANATION

The purpose of this request is to exercise a renewal option to improve the prevention, early detection and management of diabetes, hypertension, asthma, and cancer which lower the rates of disability, costly complications and mortality associated with these conditions. Funds in this agreement will be used to: 1) monitor and improve the standard of care at clinical sites throughout New Hampshire, for people who have, or are at risk for, diabetes, hypertension, asthma, and cancer; 2) assist the Department in chronic disease prevention and management activities in communities throughout the state; and 3) Increase important linkages between clinical care and community resources for chronic disease prevention, early detection and management.

Underserved populations, including low-income and minority groups, are at increased risk for chronic diseases and associated complications. Therefore, services under this contract are offered primarily through a network of safety-net health care providers. The Community Health Access Network (CHAN) provides Electronic Health Record system support and leads quality improvement efforts within this network. They also provide professional in-service training for clinicians and administrative support for the programs' annual educational conferences. These network sites serve an estimated 67,037 patients at locations throughout the state. These services provided by CHAN support health care providers in the prevention and management of chronic diseases.

In 2014, 9.2% of adults in New Hampshire reported having been diagnosed with diabetes. This likely is an underestimate as nearly one-third of persons with diabetes are unaware they have the disease. Additionally, up to 37% of New Hampshire adults may have prediabetes, a risk factor for type 2 diabetes.

Adults with chronic diseases are at high risk for developing complications from vaccine preventable diseases specifically, influenza, pneumococcal, and hepatitis B which can result in hospitalization, disabilities or death. Tetanus, diphtheria and pertussis are important for pregnant women protecting themselves and their unborn child. The National Healthy People 2020 adult vaccination goals for influenza vaccinations for high risk adults age 18-64 years are 90%, and for adults 65 years and older, the goals are 90%. The adult vaccination goals for pneumococcal vaccination for high-risk individuals age 18-64 years are 60%, and for adults 65 years and older, the goals are 90%.[1] New Hampshire adult immunization rates are low. According to the NH Behavioral Risk Factor Surveillance System (BRFSS) 2012-2013, the influenza vaccination rate for adults with high risk conditions age 18-64 years is 40% and for adults 65 years and older, the rate is 69%. The pneumococcal vaccination rate for adults with high risk conditions age 18-64 years is 31% and for adults 65 years and older, the vaccination rate is 75%.[2] The Community Health Access Network will provide aggregate adult immunization data so that NH Immunization Program can assess each community health center for improvements in their adult immunization protocols increasing adult immunization coverage.

Heart disease and stroke are the second and fifth leading causes of death in New Hampshire. High blood pressure is a risk factor for heart disease and stroke. Approximately 31% of New Hampshire adults reported having high blood pressure.

New Hampshire's asthma rate is among the highest in the nation. Approximately 110,000 adults and 25,000 children in the state have asthma. Each year about 10% of adults and 8% of children are diagnosed with asthma, amounting to approximately 7,000 new cases.

Cancer is the leading cause of death in NH with approximately 2,500 residents dying from cancer each year. Approximately 1 in 3 residents will be diagnosed with cancer at some point in their lives. Cancer detected at the earliest stage is likely to result in more effective treatment, better outcomes and less costly interventions. Cervical cancer is one of only a few types of cancers that can be entirely prevented through screening for abnormal cells that can turn into cancer. In NH, 85% of women age 21-65 report having a Pap test within the recommended timeframe, however these rates are considerably lower for women who have low incomes (65%) and for those who receive care through community health centers (30%).

Should Governor and Executive Council not authorize this Request, the ability to reduce complications and disability from diabetes, hypertension, asthma, and cancer through early detection, prevention and management activities will be jeopardized. The result could be an unnecessary increase in New Hampshire's health and economic burden, which would negatively impact the citizens, statewide.

The Community Health Access Network was selected for this project through a competitive bid process.

As referenced in the original Governor and Council letter and in the Exhibit C-1 of the contract, this competitively procured Agreement has the option to extend for two (2) additional year(s), contingent upon mutual agreement of the parties, availability of funding, satisfactory delivery of services, and subsequent approval by the Governor and Executive Council. The Department is exercising this renewal option.

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[1] https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-disease
[2] http://www.cdc.gov/flu/fluvaxview/reports/reporti1213/reportii/index.htm

The Department is satisfied with the Vendor's performance to improve the management of asthma, diabetes and hypertension through their completion of quality improvement projects and audits of clinical quality measures as demonstrated below:

- Asthma quality improvement projects increased the percent of asthma patients who have an asthma action plan from 1% to 20% to-date;
- An initial diabetes quality improvement project at one clinical site identified hundreds of patients that have potential undiagnosed prediabetes or diabetes, and linked affected patients with appropriate interventions, and
- Hypertension control in patients has improved by an average of 12% at sites that have implemented these projects.

The impact of continuing this Agreement is improved prevention and control of chronic conditions, better quality of life for thousands of affected patients, and savings to the health care system as successful projects are replicated at multiple clinical sites. The Contractor will ensure that that the following performance measures are monitored monthly and achieved annually to measure the continued effectiveness of this Agreement. Key performance measures include:

- Annually, complete a minimum of six quality improvement projects that lead to measurable improvements in: undiagnosed prediabetes/diabetes, hypertension control and cancer screening. Affected patients will be referred to appropriate chronic disease prevention and/or management programs.
- Annually, complete a minimum of one health care system quality improvement project in target areas for the improved management of asthma.
- Adult Immunization quarterly data submitted to monitor increasing adult immunization rates.

Area served: Statewide.

Source of Funds: 100% Federal Funds from the U.S. Centers for Disease Control and Prevention, Asthma Control Program grant, Combined Chronic Disease grant, Combined Chronic Disease-Hypertension grant, the Comprehensive Cancer grant, and Adult Immunization PPHF grant.

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

Respectfully submitted,

Marcella J. Bobinsky, MPH
Acting Director

Approved by:

Jeffrey A. Meyers
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET

Asthma, Diabetes/Cardiovascular & Tobacco Prevention Health Care Integration to Prevent & Manage Chronic Disease

05-95-90-901015-5667 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, CHRONIC DISEASE - ASTHMA
100% Federal Funds

CFDA # 93.070
FAIN # U59EH000509

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90019004	100,527	-	100,527
SFY 2016	102-500731	Contracts for Prog Svc	90019004	226,316	-	226,316
SFY 2017	102-500731	Contracts for Prog Svc	90019004	-	120,000	120,000
SFY 2018	102-500731	Contracts for Prog Svc	90019004	-	120,000	120,000
			Sub-total	326,843	240,000	566,843

05-95-90-902010-1227 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMBINED CHRONIC DISEASE
100% Federal Funds

CFDA # 93.757
FAIN # U58DP004821

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90017117	67,000	-	67,000
	102-500731	Contracts for Prog Svc	90017317	70,000	-	70,000
			SFY 15 Sub Total	137,000	-	137,000
SFY 2016	102-500731	Contracts for Prog Svc	90017117	80,000	-	80,000
	102-500731	Contracts for Prog Svc	90017317	70,000	-	70,000
			SFY 16 Sub Total	150,000	-	150,000
SFY 2017	102-500731	Contracts for Prog Svc	90017117	-	80,000	80,000
	102-500731	Contracts for Prog Svc	90017317	-	45,000	45,000
			SFY 17 Sub Total	-	125,000	125,000
SFY 2018	102-500731	Contracts for Prog Svc	90017117	-	80,000	80,000
	102-500731	Contracts for Prog Svc	90017317	-	45,000	45,000
			SFY 18 Sub Total	-	125,000	125,000
			Sub-total	287,000	250,000	537,000

05-95-90-902010-5608 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, TOBACCO PREVENTION
100% Federal Funds

CFDA # 93.283
FAIN # U58DP001979

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90018000	5,000	-	5,000
SFY 2016	102-500731	Contracts for Prog Svc	90018000	10,000	-	10,000
SFY 2017	102-500731	Contracts for Prog Svc	90018000	-	-	-
SFY 2018	102-500731	Contracts for Prog Svc	90018000	-	-	-
			Sub-Total	15,000	-	15,000

FINANCIAL DETAIL ATTACHMENT SHEET

Asthma, Diabetes/Cardiovascular & Tobacco Prevention Health Care Integration to Prevent & Manage Chronic Disease

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER
100% Federal Funds

CFDA # 93.283
FAIN # NU58DP003930

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90080081	-	-	-
SFY 2016	102-500731	Contracts for Prog Svc	90080081	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90080081	-	25,000	25,000
SFY 2018	102-500731	Contracts for Prog Svc	90080081	-	25,000	25,000
			Sub-Total	-	50,000	50,000

05-95-90-902510-5093 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, ADULT IMMUNIZATION PPHF
100% Federal Funds

CFDA # 93.733
FAIN # H23IP000986

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90023330	-	-	-
SFY 2016	102-500731	Contracts for Prog Svc	90023330	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023330	-	23,694	23,694
SFY 2018	102-500731	Contracts for Prog Svc	90023330	-	2,344	2,344
			Sub-Total	-	26,038	26,038
			Total	628,843	566,038	1,194,881

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Asthma, Diabetes/Cardiovascular & Tobacco Prevention
Health Care Integration to Prevent & Manage Chronic Disease Contract

This 1st Amendment to the Asthma, Diabetes/Cardiovascular & Tobacco Prevention Health Care Integration to Prevent and Manage Chronic Disease contract (hereinafter referred to as "Amendment One") dated this 18th day of April, 2016, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Community Health Access Network, Inc., (hereinafter referred to as "the Contractor"), a corporation with a place of business at 207 South Main Street, Newmarket, NH 03857.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on January 28, 2015, Item #13, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

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

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

1. Amend Form P-37, Block 1.6, to add Account Numbers: 05-95-90-902010-5659-102-500731 and 05-95-902510-5093-102-500731.

2. Amend Form P-37, Block 1.7, to read June 30, 2018.

3. Amend Form P-37, Block 1.8, to read $1,194,881

4. Amend Form P-37, Block 1.9, to read Eric Borrin, Director of Contracts and Procurement.

5. Amend Form P-37, Block 1.10 to read 603-271-9558.

6. Delete Exhibit A in its entirety and replace with Exhibit A Amendment #1.

7. Delete Exhibit B in its entirety and replace with Exhibit B Amendment #1.

8. Amend Budget to:
   - Add Exhibit B-1 Amendment #1 Budget SFY 2017
   - Add Exhibit B-1 Amendment #1 Budget SFY 2018

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

4/26/16
Date

Name: Marcella J. Bobinsky, MPH
Title: Acting Director

Community Health Access Network, Inc.

4/19/16
Date

Name: Kirsten Platte
Title: Executive Director

Acknowledgement of Contractor's signature:

State of NH, County of Rockingham on April 19, 2016, 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 of Notary Public or Justice of the Peace

Michelle L. Gaudet, notary
Name and Title of Notary or Justice of the Peace

My Commission Expires: MICHELLE L. GAUDET, Notary Public
My Commission Expires August 22, 2017

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

OFFICE OF THE ATTORNEY GENERAL

5/16/16
Date

Name: Megan A. Yaple
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Scope of Services

1. Covered Populations and Services

1.1. The Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS), supports the activities of the Community Health Access Network (CHAN) to continue to coordinate and implement diabetes, prediabetes, hypertension, cancer, immunization and asthma health systems interventions to improve prevention and management of chronic diseases.

1.2. Services provided under this contract will improve the early detection and management of diabetes, prediabetes, hypertension, cancer, and asthma, which lower the rates of disability, costly complications, and mortality associated with these conditions. The population to be served is statewide and includes individuals in underserved populations, including low-income and minority groups at increased risk for chronic diseases and associated complications.

2. Provisions Applicable to All Services

2.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

2.2. 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.

2.3. The Contractor shall coordinate Quality Improvement (QI) activities utilizing defined improvement processes (i.e. Plan-Do-Study-Act, Plan-Do-Check-Act, Fishbone, Lean), among health care organizations and community partners, and provide technical assistance as needed.

2.4. The contractor shall assist sub-contractors for Quality Improvement to complete the following as part of a project charter: assessment of the health problem, current process, changes implemented measurement plan, and sustainability plan. For the purpose of this project, a sub-grantee that has documentation of the above mentioned elements will have a "completed" project. DHHS/DPHS will provide a charter template.

3. Required Services

The Contractor shall:

3.1. Asthma Subcontract Activities

3.1.1. Engage a minimum of one hospital within one of the three target health care systems within Nashua, Manchester or Coos County, to support team-based care models and implementation of Quality Improvement projects to improve asthma care for patients.

3.1.2. Implement and oversee a Plan, Do, Study, Act Quality Improvement cycle with Coos County Family Health Services, a Federally Qualified Health Center in Berlin and Gorham.

- Monitor performance on Uniform Data System asthma control medication.
- Determine a second area of focus for improving patient outcomes for patients with asthma, in collaboration with partnering Federally Qualified Health Center.
- Improve performance on percentage of patients with asthma action plans.

3.1.3. Continue efforts in implementing patient knowledge assessment tools into Electric Health Records to support Quality Improvement initiative.

3.1.4. Continue partnership with the New Hampshire Health Information Organization (NHHIO) for the secure transfer of student asthma data between three pilot schools and hospitals, and/or health centers, in Berlin, Manchester, and Nashua.

3.1.5. Continue supporting existing EHR systems demonstrating mechanisms allowing referral and follow-up communication between providers and community organizations for asthma, including SNAP School Nurse Software & New Hampshire Health Information Organization (NHHIO).

3.1.6. Participate in the quarterly meetings of the Asthma Health Improvement Asthma Educator Network meetings.

3.2. Diabetes, Prediabetes, and Hypertension Activities

3.2.1. Coordinate an interactive network of clinical sites and health care systems through subcontracts or MOUs that will implement QI activities for diabetes, prediabetes and hypertension control and improvement as follows:

3.2.1.1. Assist clinical sites to utilize EHR to its maximum capacity (algorithms, clinical decision support, electronic referrals to evidence based programs) as part of the QI work;

3.2.1.2. As directed, extract annually, patient data of agreed upon diabetes and hypertension performance indicators to be used to identify and subsequently track progress of continuous QI initiatives;

3.2.1.3. Provide scholarships to support DHHS approved professional development opportunities for staff at participating clinical sites related to diabetes, prediabetes, and hypertension.

3.2.1.4. Coordinate and fund Quality Improvement projects that lead to measurable improvements in:

3.2.1.4.1. Identification of undiagnosed hypertension and diabetes/prediabetes, and uncontrolled hypertension and diabetes,

3.2.1.5. Management of diabetes, prediabetes and hypertension using innovative health care models such as team-based care and self-monitoring of blood pressure tied with clinical support; and

3.2.1.6. Increased referrals to evidence-based disease prevention and management programs.

3.3. Asthma, Diabetes, Prediabetes and Hypertension Health Systems Interventions

3.3.1. Coordinate and oversee health system interventions to prevent and manage chronic conditions with a focus on uncontrolled and undiagnosed chronic conditions.

Interventions shall target systems at the highest level possible to achieve maximum reach and impact. Health system interventions shall include the following:

3.3.1.1. Expand clinical health team and community partner awareness around best practices and resources for management of asthma, and

3.3.1.2. Promote the full and coordinated use of EHR to manage chronic conditions (i.e. patient registries, use of algorithms or decision support tools) and to identify undiagnosed asthma, hypertension and prediabetes, and uncontrolled asthma, diabetes and hypertension.

3.4. Diabetes, Prediabetes and Hypertension Self-Management Activities

3.4.1. Develop a network of providers and community partners that will coordinate referrals for patient education that includes ADA-recognized and or American Association of Diabetes Educators (AADE) - Accredited Diabetes Self-Management Education Programs (DSME), and National Diabetes Prevention Programs (NDPP).

3.4.2. Expand utilization of EHR-based DSME and NDPP referrals (referral forms made available in EHR) between providers and community organizations.

3.5. Asthma Population-Based Interventions

3.5.1. Coordinate population-based interventions through the development and administration of subcontracts and/or MOUs with partner organizations and consultants to support:

3.5.1.1. Maintenance of the AsthmaNowNH.org website, an educational resource center, on an as needed basis, not to exceed $1,000 per year for a total of $2,000 for the term of this contract amendment.

3.5.1.2. An Asthma Evaluation Consultant to manage the Strategic Evaluation Plan by coordinating and participating in evaluation work groups, developing program evaluation plans, and implementing evaluation activities, not to exceed $10,500 per year for a total of $21,000 for the term of this amendment.

3.5.1.3. Coos County Family Health Services to continue QI projects on monitoring performance on Uniform Data System (UDS) asthma control medication, improving identification of patients with undiagnosed asthma, and improving performance on percent of patients with Asthma Action Plans not to exceed $7,500 per year for a total of $15,000 for the term of this amendment.

3.5.1.4. Manchester Health Department to continue their asthma home visiting program that includes capturing referrals from hospital emergency departments, conducting home visits for a minimum of 25 households per year, provision of self-management education and trigger reduction education, and making referrals to appropriate medical providers and health care plans, not to exceed $25,000 per year for a total of $50,000 for the term of this amendment.

3.5.1.5. Nashua Health Department in the development of an asthma home visiting program that includes coordination of school nurse and/or emergency department referrals, conducting home visits for a minimum of 25 households per year, provision of self-management education and trigger reduction, and making referrals to appropriate medical providers and health care plans, not to exceed $15,000 per year for a total of $30,000 for the term of this contract.

3.6. Cancer Health Systems Interventions

3.6.1. Coordinate an interactive network of clinical sites and health care systems through subcontracts or MOUs that will implement Quality Improvement activities for cancer as follows:

3.6.1.1. Assist clinical sites to utilize EHR to its maximum capacity algorithms, clinical decision support, as part of the Quality Improvement work;

3.6.1.2. As directed, extract annually, patient data of agreed upon cancer screenings and indicators to be used to identify and subsequently track progress of continuous QI initiatives;

3.6.1.3. Coordinate and fund Quality Improvement projects discrete projects that lead to measurable improvements in cancer screening.

3.7. Adult Immunization Data Collection Activities

3.7.1. The Contractor shall provide adult immunization aggregate data from the seven (7) community health centers within their membership network, for individuals in three (3) age categories:

1) Age 19-36;
2) Age 37-64; and
3) Age 65 and older with the following criteria:

3.7.1.1. Determine and provide within 30 days of the effective date of Contract approval, a baseline from July 1, 2015 through June 30, 2016, and

3.7.1.2. Quarterly reports thereafter, due within 10 business days following the close of the previous quarter, on the:

3.7.1.2.1. Number insured or uninsured,

3.7.1.2.2. Number of patients with diabetes, and

3.7.1.2.3. Demographic variables to include gender and racial/ethnic categories.

3.7.1.3. Determine and provide within 30 days of the effective date of Contract approval, a baseline on the percent of patients that are up to date on determined Advisory Committee on Immunization Practice (ACIP) recommended adult vaccines from July 1, 2015 through June 30, 2016, and

3.7.1.4. Quarterly reports thereafter, due within 10 business days following the close of the previous quarter, for the following vaccines:

1) Tetanus, diphtheria, and pertussis (Tdap) and Influenza vaccines for each of the three age groups;
2) Hepatitis B vaccine for individuals with diabetes for age groups 1 and 2;
3) Pneumococcal 23 vaccine for individuals with diabetes for age groups 1 and 2;
4) Zoster vaccine for individuals in age group 3;
5) Pneumococcal 23 vaccine for individuals in age group 3; and
6) Pneumococcal 13 vaccine for individuals in age group 3.

3.7.2. Determine and provide within 30 days of the effective date of Contract approval, baseline data of the number of vaccines administered to patients that were not up to date on determined ACIP recommended adult vaccines April 1, 2016 through June 30, 2016, and

3.7.3. Quarterly reports thereafter, due within 10 business days following the close of the previous quarter, for the criteria stated in sections 3.7.1., 3.7.1.2., and 3.7.1.4. above.

4. Meeting and Reporting

The Contractor shall:

4.1. Attend one in-person meeting at the DHHS annually to review contract details.

4.2. Participate in monthly conference calls to review activities, interventions, challenges, progress, and funding.

4.3. Participate in quarterly meetings with DHHS/DPHS and community partners to review activities, interventions, challenges, progress, and funding.

4.4. Submit quarterly progress reports to the DHHS/DPHS for each of the DHHS program areas in order to monitor program performance as follows:

4.4.1. Quarterly reports on fulfillment of program activities conducted for the prior three months, and activities planned for the upcoming quarter, in a format developed and approved by the DHHS/DPHS. Reports will be due 30 days following the end of each quarter, and shall include the following:

4.4.1.1. Brief narrative of work performed during the prior quarter;

4.4.1.2. Summary of work plans for the upcoming quarter, including challenges and/or barriers to completing requirements described in this Exhibit A.

4.4.1.3. Documented achievements.

4.4.1.4. Progress towards meeting the performance measures.

4.5. Final cumulative report on progress meeting deliverables and accomplishments, in a format developed and approved by DHHS/DPHS. The report will be due 45 days following the end of the contract term.

5. Workplan

5.1. The Contractor will be required to provide a yearly Workplan that demonstrates their plan for the contract required activities. The Workplan template will be provided to the Contractor by the DHHS, with Contractor input, and will include performance measures, (i.e. baseline and targets), activities, person(s) responsible, timeline, and target population, and will be used to assure progress towards meeting the performance measures and the overall program objectives and goals.

5.2. Upon the effective date of the Contract Amendment approval, the Contractor shall work with the DHHS to finalize the SFY 2017 Workplan within 30 days.

5.3. The Contractor shall draft the SFY 2018 Workplan 30 days prior to the end of SFY 2017, and work with the DHHS to finalize the Workplan prior to the start of SFY 2018.

6. Staffing

6.1. The Contractor shall provide staffing to meet the requirements of this Contract.

6.2. The Contractor shall provide sufficient staff to perform tasks specified in the contract and maintain a level of staffing necessary to perform all functions, requirements, roles, and duties in a timely manner.

6.3. The Contractor shall ensure that all staff has appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.

7. Performance Measures

7.1. The Contractor shall ensure that following performance measures are annually achieved and monitored monthly to measure the effectiveness of the agreement.

Asthma

7.2. Annually establish a minimum of two community partnership(s), as identified in the three target health care systems committed to implementing Quality Improvement processes for asthma.

7.3. Annually complete a minimum of one health care system Quality Improvement project in target areas for improved management of asthma. Health care systems may include hospitals, clinics, home care, long term care facilities, assisted living, health plans, physicians, nurses, pharmacists, and other services and clinical providers.

7.4. Annually establish a minimum of one Electronic Health Records system, a systematic collection of electronic health information about individual patients or populations that impacts multiple provider sites simultaneously adding or enhancing asthma modules or other asthma decision support tools.

7.5. Annually demonstrate that a minimum of two Health Care Systems have increased coordination of referrals for asthma education.

7.6. By June 30, 2018, demonstrate that a minimum of five providers and/or community partners have improved their referral systems (e.g. electronic, fax, US Mail, or New Hampshire Health Information Organization) for asthma self-management patient education. Examples include, but are not limited to, instituting instruction of proper use of asthma medications, adapting in-off self-management education, referring to a pulmonologist and/or asthma educator.

7.7. At a minimum, annually report on the Manchester Health Department Home Visiting Program activities as follows:

7.7.1. The number of emergency department referrals made to the Home Visiting Program;

7.7.2. The number of resulting households enrolled into the Home Visiting Program, with a minimum of 25 participating households;

7.7.3. The number of referrals to appropriate medical providers and health care plans made by the Home Visiting Program.

7.8. At a minimum, annually report on the Nashua Health Department Home Visiting Program activities as follows:

7.8.1. The number of emergency department referrals made to the Home Visiting Program;

7.8.2. The number of resulting households enrolled into the Home Visiting Program, with a minimum of 25 participating households;

7.8.3. The number of referrals to appropriate medical providers and health care plans made by the Home Visiting Program.

Diabetes, Prediabetes, Hypertension, & Cancer

7.9. Annually complete a minimum of six Quality Improvements projects utilizing defined improvement processes (e.g. Plan-Do-Study-Act, Plan-Do-Check-Act, and Lean) that lead to measurable improvements in:

7.9.1. Identification of undiagnosed diabetes/prediabetes (includes intervention for identified patients) – minimum of two projects per year.

7.9.2. Hypertension control – minimum of two projects per year.

7.9.3. Cancer screening- minimum of two projects per year.

7.10. Increase number of referrals to ADA-recognized and/or AADE-accredited Diabetes Self-management Education Programs.

7.11. Increase number of referrals to National Diabetes Prevention Programs.

Immunization

7.12. Adult Immunization baseline data submitted to the DHHS within 30 days of the effective date of Contract approval;

7.13. Adult Immunization quarterly data submitted within 10 business days following the close of the previous quarter.

7.14. Annually, the Contractor shall collaborate with the DHHS to develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

Exhibit B Amendment #1

Method and Conditions Precedent to Payment

1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.

   1.1. The Contractor agrees to provide the services in Exhibit A Amendment #1, in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.

2) Payment for said services shall be made monthly as follows:

   2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item budgets shown in Exhibits B-1 Amendment #1 SFY 2017 and 2018.

   2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment.

   2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.

   2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.

   2.5. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed. Hard copies shall be mailed to:

   Department of Health and Human Services
   Division of Public Health Services
   29 Hazen Drive
   Concord, NH 03301
   Email address: DPHScontractbilling@dhhs.state.nh.us

3) Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Exhibit B-1 Amendment #1 Budget (SFY 2017)

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Community Health Access Network

Budget Request for: Public Health and Health Care Integration
(Name of RFP)

Budget Period: SFY 2017

1. Total Salary/Wages	$ 90,148.00	$ 9,015.00	$ 99,163.00
2. Employee Benefits	$ 18,030.00	$ 1,803.00	$ 19,833.00
3. Consultants	$ 7,416.00	$ 741.00	$ 8,157.00
4. Equipment:	$ -	$ -	$ -
Rental	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -
Educational	$ -	$ -	$ -
Lab	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -
Medical	$ -	$ -	$ -
Office	$ -	$ -	$ -
6. Travel	$ 3,041.00	$ 305.00	$ 3,346.00
7. Occupancy	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -
Telephone	$ -	$ -	$ -
Postage	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -
Insurance	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -
9. Software	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -
11. Staff Education and Training	$ 2,202.00	$ 221.00	$ 2,423.00
12. Subcontracts/Agreements	$ 120,705.00	$ 12,071.00	$ 132,776.00
13. Other (specific details mandatory):	$ -	$ -	$ -
Reports	$ 17,952.00	$ 1,794.00	$ 19,746.00
SNAP software support	$ 7,500.00	$ 750.00	$ 8,250.00
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
TOTAL	**$ 266,994.00**	**$ 26,700.00**	**$ 293,694.00**
Indirect As A Percent of Direct		10.0%	

Exhibit B-1 Amendment #1 Budget (SFY 2018)

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Community Health Access Network

Budget Request for: Public Health and Health Care Integration
(Name of RFP)

Budget Period: SFY 2018

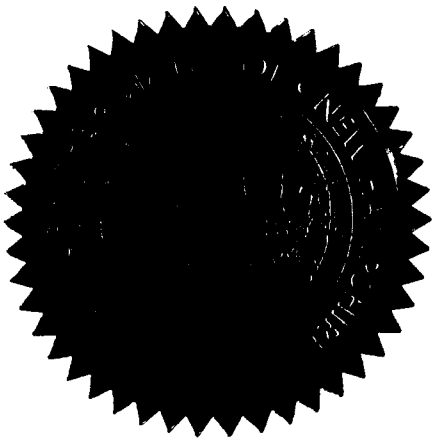
1. Total Salary/Wages	$ 86,538.00	$ 8,654.00	$ 95,192.00
2. Employee Benefits	$ 17,307.00	$ 1,731.00	$ 19,038.00
3. Consultants	$ 6,815.00	$ 681.00	$ 7,496.00
4. Equipment:	$ -	$ -	$ -
Rental	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -
Educational	$ -	$ -	$ -
Lab	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -
Medical	$ -	$ -	$ -
Office	$ -	$ -	$ -
6. Travel	$ 3,095.00	$ 310.00	$ 3,405.00
7. Occupancy	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -
Telephone	$ -	$ -	$ -
Postage	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -
Insurance	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -
9. Software	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -
11. Staff Education and Training	$ 8,304.00	$ 830.00	$ 9,134.00
12. Subcontracts/Agreements	$ 123,283.00	$ 12,328.00	$ 135,611.00
13. Other (specific details mandatory):	$ -	$ -	$ -
Reports	$ 2,244.00	$ 224.00	$ 2,468.00
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
TOTAL	**$ 247,586.00**	**$ 24,758.00**	**$ 272,344.00**

Indirect As A Percent of Direct 10.0%

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 COMMUNITY HEALTH ACCESS NETWORK is a New Hampshire nonprofit corporation formed April 26, 1996. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 25th day of April A.D. 2016

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Richard Silverberg, of the Community Health Access Network (CHAN), do hereby certify that:

1. I am the duly elected Chair of the Board of Directors of the Community Health Access Network;

2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the corporation, duly held on April 19, 2016:

   RESOLVED: That this corporation enters into a contract with the State of New Hampshire, acting through its Department of Health and Human Services, Division of Public Health Services.

   RESOLVED: That the Executive Directors is hereby authorized on behalf of this corporation to enter into said contract with the State on behalf of this corporation. The Executive Directors is authorized to execute any and all documents, agreements, and other instruments; and any amendments, revisions or modifications thereto, as he/she may deem necessary, desirable or appropriate. Kirsten Platte is the duly elected Executive Director of the corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of April 19, 2016.

IN WITNESS WHEREOF, I have hereunto set my hand as the Chair of the Board of Directors of the corporation this 19th day of April, 2016.

Richard Silverberg, Chair, CHAN Board of Directors

STATE OF NEW HAMPSHIRE
COUNTY OF Merrimack

The foregoing instruments was acknowledged before me this 19th day of April, 2016 by Richard Silverberg.

Notary Public/Justice of the Peace
My Commission expires

THERESA L. FRENCH, Notary Public
My Commission Expires July 16, 2019

Client#: 242475 COMMUNITYH2

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2016

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER HUB Healthcare Solutions HUB International New England 100 Central Street, Suite 201 Holliston, MA 01746	CONTACT NAME: PHONE (A/C, No, Ext): 978 657-5100 FAX (A/C, No): 978-988-0038 E-MAIL ADDRESS:
INSURED Community Health Access Network c/o Kirsten Platte 207 South Main Street Newmarket, NH 03857	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Peerless Insurance Co — 24198 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			BOP6844428	07/01/2015	07/01/2016	EACH OCCURRENCE	$2,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$50,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$2,000,000
							GENERAL AGGREGATE	$4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$4,000,000
								$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU-TORY LIMITS OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A						E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$

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

CERTIFICATE HOLDER

NH DHHS
129 Pleasant Street
Concord, NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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RP005

CERTIFICATE OF LIABILITY INSURANCE

VLN R022

DATE (MM/DD/YYYY) 4/25/2016

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

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

PRODUCER	CONTACT NAME:	
PAYCHEX INSURANCE AGENCY INC 210705 P: F:(888) 443-6112 PO BOX 33015 SAN ANTONIO TX 78265	PHONE (A/C, No, Ext):	FAX (A/C, No): (888) 443-6112
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A : Hartford Fire Ins Co	19682
INSURED	INSURER B :	
COMMUNITY HEALTH ACCESS NETWOR K 207 S MAIN ST NEWMARKET NH 03857	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N *(Mandatory in NH)* If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		76 WEG NS8383	01/01/2016	01/01/2017	X PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$ 100,000
							E.L. DISEASE- EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

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

Those usual to the Insured's Operations.

CERTIFICATE HOLDER

NH DHHS
129 PLEASANT ST
CONCORD, NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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Community Health Access Network (CHAN)

Mission Statement

CHAN's mission is to enable our member agencies to develop the programs and resources necessary to assure access to efficient, effective health care for all clients in our communities, particularly the uninsured, Medicaid, and medically underserved populations.

BerryDunn

[redacted]

COMMUNITY HEALTH ACCESS NETWORK

FINANCIAL STATEMENTS

September 30, 2015 and 2014

With Independent Auditor's Report

[redacted]

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Community Health Access Network

We have audited the accompanying financial statements of Community Health Access Network, which comprise the balance sheet as of September 30, 2015, and the related statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Community Health Access Network as of September 30, 2015, and the results of its operations, changes in its net assets and its cash flows for the year then ended, in accordance with U.S. generally accepted accounting principles.

Prior Period Financial Statements

The financial statements as of September 30, 2014 were audited by Brad Borbidge, P.A., who merged with Berry Dunn McNeil & Parker, LLC as of January 1, 2015, and whose report dated February 20, 2015, expressed an unmodified opinion on those statements.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
February 12, 2016

COMMUNITY HEALTH ACCESS NETWORK

Balance Sheets

September 30, 2015 and 2014

ASSETS

	2015	2014
Current assets		
Cash and cash equivalents	**$ 61,107**	$ 39,546
Grants receivable	**1,276,003**	453,780
Membership and other receivables	**16,659**	70,733
Prepaid expenses	**106,166**	146,270
Total current assets	**1,459,935**	710,329
Assets limited as to use	**149,632**	145,015
Furniture and equipment, net	**507,071**	578,804
Total assets	**$ 2,116,638**	$ 1,434,148

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	**$ 165,709**	$ 199,131
Deferred revenue	**1,222,079**	358,149
Total current liabilities	**1,387,788**	557,280
Net assets		
Unrestricted	**728,850**	876,868
Total liabilities and net assets	**$ 2,116,638**	$ 1,434,148

The accompanying notes are an integral part of these financial statements.

COMMUNITY HEALTH ACCESS NETWORK

Statements of Operations and Changes in Net Assets

Years Ended September 30, 2015 and 2014

	2015	2014
Operating revenue		
Grant funds used to defray operating expenses	$ 869,636	$ 1,014,337
Shared services income	926,865	877,055
Member dues	136,647	133,917
Other income	65,297	183,666
Total operating revenue	1,998,445	2,208,975
Operating expenses		
Salaries and benefits	544,439	448,906
Professional fees and contract services	881,791	1,068,695
Other operating expenses	561,907	501,055
Depreciation	428,762	400,178
Bad debt expense	183	-
Total operating expenses	2,417,082	2,418,834
Deficiency of revenue over expenses	(418,637)	(209,859)
Grant and member funding for capital acquisitions	270,619	111,954
Decrease in unrestricted net assets	(148,018)	(97,905)
Net assets at beginning of year	876,868	974,773
Net assets at end of year	$ 728,850	$ 876,868

The accompanying notes are an integral part of these financial statements.

COMMUNITY HEALTH ACCESS NETWORK

Statements of Cash Flows

Years Ended September 30, 2015 and 2014

	2015	2014
Cash flows from operating activities		
Change in net assets	**$ (148,018)**	$ (97,905)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	**428,762**	400,178
Bad debt expense	**183**	-
Grant and member funding for capital acquisitions	**(270,619)**	(111,954)
(Increase) decrease in the following assets		
Grants receivable	**(822,223)**	94,285
Membership and other receivables	**53,891**	(62,312)
Prepaid expenses	**40,104**	48,942
Increase (decrease) in the following liabilities		
Accounts payable and accrued expenses	**(33,422)**	(8,256)
Deferred revenue	**863,930**	(122,225)
Net cash provided by operating activities	**112,588**	140,753
Cash flows from investing activities		
Capital expenditures	**(357,029)**	(164,566)
Increase in assets limited as to use	**(4,617)**	(80,955)
Net cash used by investing activities	**(361,646)**	(245,521)
Cash flows from financing activities		
Grant and member funding for capital acquisitions	**270,619**	111,954
Net cash provided by financing activities	**270,619**	111,954
Net increase in cash and cash equivalents	**21,561**	7,186
Cash and cash equivalents, beginning of year	**39,546**	32,360
Cash and cash equivalents, end of year	**$ 61,107**	$ 39,546

The accompanying notes are an integral part of these financial statements.

1. Summary of Significant Accounting Policies

Organization

Community Health Access Network (the Organization) is a non-stock, non-profit corporation organized in New Hampshire. The Organization is a member organization composed of seven full members and four affiliate members who are non-stock, non-profit Federally Qualified Health Center providers. The Organization's primary purpose is to enable member agencies to develop the program and other resources necessary to assure access to efficient, effective quality health care for all clients in agency communities, particularly the uninsured, Medicaid, and medically underserved populations.

Income Taxes

The Organization is a public charity under Section 501(c)(3) of the Internal Revenue Code. As a public charity, the Association is exempt from state and federal income taxes on income earned in accordance with its tax exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Association's tax positions and concluded that the Association has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

Use of Estimates

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

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less, excluding assets limited as to use.

The Association has cash deposits in a major financial institution which may exceed federal depository insurance limits. The Association has not experienced any losses in such accounts. Management believes it is not exposed to any significant risk with respect to these accounts.

Governmental and Private Grants

Grants are provided to support specific programs and are subject to various budgetary restrictions. The difference between the full grant award and the amount received to date is recognized as a receivable. The difference between the full grant award and the amount earned to date is reported as deferred revenue.

Assets Limited As To Use

Assets limited as to use consist of assets designated by the board of directors for future capital acquisitions.

Furniture and Equipment

Furniture and equipment are carried at cost less accumulated depreciation. Maintenance repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets include contribution and grants for which donor-imposed restrictions have not been met. Assets are released from restrictions as expenditures are made in line with restrictions called for under the terms of the donor. Restricted contributions whose restrictions are met in the same year as received are reflected as unrestricted contributions in the accompanying financial statements.There were no temporarily restricted net assets at September 30, 2015 or 2014.

Permanently restricted net assets have been restricted by donors to be maintained by the Organization in perpetuity. There were no permanently restricted net assets at September 30, 2015 or 2014.

Functional Expenses

The Organization provides various services to members. Expenses related to providing these services are as follows:

	2015	2014
Program services	**$ 2,151,221**	$ 2,166,227
Administrative and general	**265,861**	252,607
Total	**$ 2,417,082**	$ 2,418,834

Deficiency of Revenue Over Expenses

The statements of operations and changes in net assets reflect the deficiency of revenue over expenses. Changes in unrestricted net assets which are excluded from the deficiency of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using grants, contributions, or member funding which by donor restriction were to be used for the purposes of acquiring such assets).

Subsequent Events

For financial reporting purposes, subsequent events have been evaluated by management through February 12, 2016, which is the date the financial statements were available to be issued.

2. Furniture and Equipment

Furniture and equipment consists of the following:

	2015	2014
Furniture and equipment	$ 3,432,501	$ 3,075,472
Less accumulated depreciation	2,925,430	2,496,668
Furniture and equipment, net	$ 507,071	$ 578,804

3. Line of Credit

The Organization has a $50,000 revolving line of credit loan agreement with a local bank with interest charged at 1% above the Prime Rate (4.25% at September 30, 2015) payable on demand. The loan is collateralized by all inventory and equipment. There was no outstanding balance at September 30, 2015 or 2014.

4. Retirement Plan

The Organization has a contributory defined contribution plan covering eligible employees. Retirement contributions amounted to $35,306 and $13,661 for the years ended September 30, 2015 and 2014, respectively. During 2015, management requested a compliance review be performed for the plan. As a result of the compliance review, corrective contributions in the amount of $21,563 were made to the plan during 2015.

5. Commitments

Leases that do not meet the criteria for capitalization are classified as operating leases with related rentals charged to operations as incurred.

The following is a schedule by year of future minimum lease payments under the operating lease as of September 30, 2015, that has an initial or remaining lease term in excess of one year.

2016	$ 27,323
2017	27,323
2018	27,323
2019	27,323
2020	27,323
Thereafter	27,323
Total	$ 163,938

Lease expense, including certain utilities, amounted to $46,787 and $45,420 in 2015 and 2014, respectively.

6. Related Party Transactions

In the normal course of business the Organization purchases information technology and specific administrative services from certain members. For the years ended September 30, 2015 and 2014 these services amounted to $301,988 and $335,128, respectively. The Organization also purchases rental space and certain utilities from a member. For the years ended September 30, 2015 and 2014, these expenses amounted to $49,152 and $56,613, respectively.

The Organization's revenue generated from member dues, purchased services and funds received for capital acquisitions amounted to $1,177,788 and $1,215,906 for the years ended September 30, 2015 and 2014, respectively.

Community Health Access Network
Board of Directors

Richard Silverberg, Board Chair/President
Health First Family Care Center
29 Albin Road
Bow, NH 03304
(603) 934-0177 x107

Janet Atkins, Treasurer
Goodwin Community Health
83 Lovering Road
North Hampton, NH 03862
(603) 749-2346 x203

Kris McCracken, Secretary
Manchester Community Health Center
145 Hollis Street
Manchester, NH 03101
(603) 626-9500 x9513

Helen Taft
Families First Health and Support Center
21 Tidewater Farm Road
Greenland, NH 03840
(603) 422-8208 x120

Peter Kelleher
Habor Care Health & Wellness Center
a program of Harbor Homes
6 Patridge Lane
Lincoln, MA 01773
(603) 881-8436

Gregory White
Lamprey Health Care, Inc.
207 South Main Street
Newmarket, NH 03857
603-659-3106 x7214

Marianne Savarese
Health Care for the Homeless, Manchester
a program of Catholic Medical Center
195 McGregor Street, Ste LL22
Manchester, NH 03102
MSavarese@CMC-NH.org

Meghan Marshall
Shackelford County Community Health Center
dba Resource Care
313 Paisano Drive
Clyde, TX 79510
(325) 665-7054

KIRSTEN A. PLATTE
207A S. Main Street
Newmarket, NH 03857
(603) 292-7205

EXPERIENCE

Executive Director **Community Health Access Network**
July 2008 to Present
Acting Executive Director
Sept 2007 to July 2008

- Coordinate, implement and support services for member Organizations furthering the goals adopted by CHAN Board of Directors.
- Develop new initiatives and collaborations for improved patient outcomes and efficient services for CHAN member agencies.
- Work with Board to develop CHAN's vision, plan and strategic objectives and maintain board communications.
- Assure the availability of and access of funding sources for Network activities.
- Responsible for CHAN staff including, hiring, firing, promotion and evaluations.
- Propose and implement programs and standards of clinical care management throughout the network.
- Act as Chief Executive Officer coordinating operations, programmatic objectives and fiscal integrity.
- Articulate CHAN's objectives and represent CHAN with external environment.

Director of Finance & Accounting **Community Health Access Network**
Oct 2004 to Sept 2007

- Participate in long-term strategic, financial and workflow systems planning initiatives for the Network.
- Oversee all general accounting functions, including financial reporting, payroll, accounts payable, accounts receivable, etc. Maintain appropriate financial systems, ledgers, policies and procedures. Direct the preparation of a variety of reports and statements in support of financial planning and analysis activities.
- Maintain Network policies and procedures and the software systems for the management of finances.
- Coordinate and participate in independent and other audit processes and implement systems improvements and audit recommendations.
- Provide stewardship on the management of CHAN's resources via the development of the annual operation, capital and program budgets. Monitor and control expenditures and analyze/identify variances and financial projections. Develop cash flow budget.
- Prepare financial and information systems section of grant proposals and grant renewals and ensure that related financial reporting requirements are met, including Yearly Financial Status Report.
- Oversee the preparation and filing of local, state and federal tax forms and ensure compliance with regulatory fiscal and control requirements.

Accountant/CHAN Grants Manager **Lamprey Health Care, Inc.**
Feb 1998 to Sept 2004

- Bill and reconcile State and Federal grants, drawdown Public Services funding for CHAN
- Responsible for all CHAN accounting processes including scheduling of GL accounts on a monthly basis, payroll, A/R, A/P, bank reconciliations, yearly budget preparation, monthly financial statements and miscellaneous financial reports.
- Responsible for Federal Grant, Public Health Services drawdown for Lamprey Health Care
- Responsible for bank reconciliations for Lamprey Health Care

Accounting Manager	**Industrial Ventilation, Inc.**
July 1992 to Aug 1994	**Nampa, Idaho**
General Accounting/Office Clerk	**Northwest Business Systems**
Feb 1988 to Nov 1989	**Boise, Idaho**
Customer Service Representative	**Durako Paint**
July 1987 to Nov 1987	**Detroit, Michigan**
Audit Clerk	**Advertising Audit Service**
July 1986 to July 1987	**Bloomfield Hills, Michigan**

EDUCATION

University of Wyoming, Laramie, WY
Bachelor of Science, 1986
General Business

PROFESSIONAL AFFILIATIONS

NH Oral Health Coalition Steering Committee, Chair (2010-2011), Treasurer (2011-2013)
National Association of Community Health Centers-Network Task Force (2010-present)
National Association of Community Health Centers-Network Task Force Leadership Committee (Jan'14-present)
Southern NH AHEC Advisory Board (2011-2012)
New Hampshire Health Information Organization (NH HIE) Board of Directors, Secretary (2011-present)

JOAN M. TULK, RN, MPH, CPHIMS

✉ **jtulk@chan-nh.org**

Skills

Strategic Planning
Predictive Modeling
Healthcare Business Intelligenc
Clinical Transformation
Quality Improvement
Accountable Care Organizatio
Population Health
Project Management
Change Management
Care Management
Process Improvement models -
Lean, Six Sigma , PDSA
Meaningful Use

Overview

Health Care Leader who leverages expertise in healthcare systems planning and execution, population health management, quality improvement and healthcare business intelligence to accomplish system-wide performance improvement. Demonstrated ability to respond to rapidly changing healthcare environments, to manage high-value projects, maximize available resources and attain outstanding results. Provides creative solutions to customers' challenges.

Experience

COMMUNITY HEALTH ACCESS NETWORK (CHAN), NEWMARKET, NH *present*

Health Center Controlled Network, providing EHR, practice management, business intelligence systems, and quality improvement technical assistance to Federally Qualified Health Centers and Healthcare for Homeless Organizations

QUALITY IMPROVEMENT DIRECTOR

Responsible for the overall administration of the clinical quality improvement program. Advisor to CHAN health center members including: QI best practices and techniques, workflow analysis, Meaningful Use, Patient-Centered Medical Home. Coordination of grant-funded initiatives, oversight of grant subcontractors; reporting and data analysis; Strategic planning for CHAN Quality Improvement Program; Clinical quality liaison with health plans.

CHIEF INFORMATION OFFICER

Responsible for long term, strategic information systems planning as a member of senior management and the CHAN Board; Oversight of all information systems functions for CHAN. Maintains information systems policies and procedures

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CAPE COD HEALTHCARE – Hyannis, MA

Integrated Delivery System - two hospitals, commercial lab, physician practices, ACO; >5000 employees 2013-2015

EXECUTIVE DIRECTOR INFORMATION SYSTEMS

Responsible for all software applications, including multiple EMRs, health information exchange (HIE), patient portals, data integration and business intelligence
Direct staff of ~60

MOFFITT CANCER CENTER AND RESEARCH INSTITUTE – Tampa, FL 2012 to 2013

Academic, Comprehensive Cancer Center – research, teaching, acute care, physician practices

DIRECTOR, APPLICATIONS SYSTEMS

Rapidly took on increased responsibility, from clinical applications to all applications for the Center. Achieved the *"smoothest implementations ever" of Cerner and Siemens* clinical, imaging, management and revenue management systems.
Appointed CIO liaison to the *Alliance of Dedicated Cancer Centers* Quality and Value Committee.
Directed staff of 65+

DARTMOUTH-HITCHCOCK HEALTH – Lebanon, NH 2005 to 2012

Academic medical center and integrated health system.

DIRECTOR, CLINICAL PERFORMANCE MANAGEMENT & PROJECT DIRECTOR FOR CLINICAL TRANSFORMATION/EPIC IMPLEMENTATION

Spearheaded clinical improvement, quality reporting, and pay for performance initiatives. Advisor to performance measurement and reporting staff. Supervised quality managers, care coordinators, health coaches; oversaw patient safety event reporting.

Drove implementation of Epic ambulatory electronic medical records to streamline clinical operations. Lead project management initiatives, recommended workflow changes and oversaw training and the incorporation of clinical protocols. Utilized change management strategies to achieve optimal technology integration into daily clinical practices. Continuously sought methods to optimize EMR capabilities to improve quality and patient safety.

- ***Contributed to success of CMS PGP demonstration project (precursor to Pioneer ACO), achieving multi-million dollar incentive payments by: 1)introduction of risk adjustment models, 2)data integration with external company and development of patient stratification process, 3)development of patient registries and 4) development of care management/health coaching program***
- ***Assisted 26 Primary Care Practices to achieve NCQA Level III PCMH Recognition***
- ***Managed Clinical Transformation collaborative conferences***
- ***Successfully deployed Epic ambulatory electronic medical record (EMR) system and patient portal to support 750+ physicians and their staff, incorporating Clinical Transformation and Medical Home requirements***

DxCG Inc. – Boston, MA 2003 to 2005

For-profit company providing predictive models and healthcare data analytics applications. Currently operating as Verisk Health.

Vice President of Client Solutions

Directed Research, Consulting, Client Support, Software Implementation, and Account Management departments to ensure smooth and streamlined operations. Drove efficiency of technical activities including supervision of data loading/ETL and quality assurance process for 10M+ records. Ensured timely deployment of new software and updates for clients. Developed strategy, defined requirements for care and disease management product. Developed proposals for consulting projects and software contracts. Conducted negotiations. Managed local and remote staff; nationwide implementations.

- ***Improved product development process, coordinating research model development with product management, software development to ensure a successful product roll-out.***
- ***Successfully completed company's first ASP model predictive modeling application, managing product offering plans and SLA development.***
- ***Deployed effective customer relationship management system.***
- ***Oversaw rapid growth, more than doubling the size of the company***
- ***100% customer retention***

Catholic Medical Center – Manchester, NH 1999 through 2003

Acute care hospital with ~330 beds, physician practices and ambulatory surgery center

Chief Information Officer (CIO) & Vice President

Directed establishment and efficient operation of Information Systems department. Created information systems strategic plans and developed all processes, procedures, and long-term goals. Recruited and developed top-flight Information Technology team encompassing project managers, application and data reporting analysts, programmers, network engineers, telecom professionals, and technical support technicians. Managed multi-million dollar department budget. Instituted process and workflow improvement initiatives to support all IT implementation projects.

Implemented applications to support physician practice management, web-based portals, decision support, diagnostic imaging, laboratory, OR scheduling, capital budgeting, human resources, payroll, general ledger. Supervised design and build of state-of-the-art data center. Managed 50+ staff.

- ***Built Information Systems department from inception creating all policies, practices and goals; managing all hiring.***
- ***Headed project to separate and rebuild all information systems due to hospital de-merger. Successfully separated all applications and networks, on-time, under budget.***
- ***Attained notable cost savings by expertly negotiating multiple software, hardware, and maintenance contracts.***
- ***Created long-term strategy and RFP for clinical information system, spearheading selection process and vendor negotiations.***
- ***Drove implementation of HIPAA requirements for privacy, security, and electronic transactions.***
- ***Developed and installed comprehensive disaster recovery and business continuity plan.***
- ***Oversaw cost-effective design and build of a new data center and network***

LAHEY-HITCHCOCK CLINIC – Lebanon, NH 1996 to 1999
Integrated Delivery System including Lahey Health and Dartmouth Hitchcock Clinic

DIRECTOR OF INFORMATION SERVICES, SOUTHERN NEW HAMPSHIRE MEDICAL CENTER

Led information services operations to continuously improve and maintain all system functions. Innovated information system strategic plan and objectives for hospital. Managed and allocated Information Services annual budget and developed department policies and procedures. Negotiated contracts for HIS, Lab, and Radiology information systems. Supervised staff of 20. Drove development and implementation of clinical applications while simultaneously acting as **Clinical Applications Manager for Hitchcock Clinic** physician group practice. Produced reports and data analysis on utilization, referral patterns, and clinical care measures.

- ***Deployed cutting-edge medical records, Radiology, Lab, and fundraising systems.***
- ***Advanced systems support and customer service operations of department through successful process improvements.***
- ***Improved operations by integrating several hospital information systems with Hitchcock Clinic systems.***
- ***Instrumental in development and implementation of internal Electronic Medical Record System by providing analysis, project management, and application support.***
- ***Implemented multiple managed care and case management applications.***

Additional Experiences:

Home Health Nurse (part-time) .....Olsten Kimberly Quality Care
Manager of Applications Development.....Private Healthcare Systems, Inc.
Director of Information Services, *Directed 75 staff members*.....Tufts- New England Medical Center
Senior Installation Director, ***Award winning***.....Shared Medical Systems
Systems Analyst.....Shared Medical Systems
Supervisor .....Visiting Nurse Association
Public Health Nurse.....Tompkins County Health Dept
Staff Nurse, NICU.....St. Margaret's Hospital

Education

Master of Public Health, Health Services Administration –Johns Hopkins School of Hygiene and Public Health – Baltimore, MD

Bachelor of Science in Nursing Boston College – Chestnut Hill, MA

Certified Professional Health Information and Management Systems Health Information and Management Systems
Registered Nurse, Currently licensed in Massachusetts and New Hampshire

207A South Main Street
Newmarket, NH 03857

603-292-7241
rroosevelt@chan-nh.org

Rebecca Roosevelt

Experience

2015-Present CHAN Newmarket, NH

EHR Clinical Systems//Report Manager

- Oversight of EHR system and peripheral modules training program development
- Coordination of EHR Clinical Systems maintenance, to include oversight and mentoring for staff with systems maintenance responsibilities
- Support health centers in realizing both Meaningful Use incentive payments and Patient Centered Medical Home (PCMH) recognition.
- Oversight and management of Reporting Department
- Oversight, design, maintain and troubleshoot clinical and non-clinical reports using Crystal Report writer v8.5 and v9 and v11

2005-2015 CHAN Newmarket, NH

EHR Clinical Systems Coordinator/Report Specialist

- Train clinical and non-clinical staff to use Centricity EHR
- Coordinate implementation of new software and assist in workflow development
- Support "go-live" periods with on-site and telephone access
- Report Development and maintenance using industry standard software
- Design, maintain and troubleshoot clinical and non-clinical reports using Crystal Report writer v8.5 and v9 and v11
- Support health center members in realizing both MU incentive payments and PMCH recognition.

2000-2005 Appledore Medical Group Portsmouth, NH

Accounts Receivable Manager

- Managed over 1 million dollars in receivables
- Facilitated and analyzed month end reporting
- Recommended and implemented short and long-term work plans for a Central Business office supporting 31 physicians
- Direct supervision of 13 Accounts Receivable Specialists and 2 Reimbursement Analysts
- Physician and mid-level provider billing and coding auditing and education

1998-2000 Atlantic Plastic Surgery Assoc. Portsmouth, NH

Financial Services Representative

- Internal software maintenance
- Daily deposit and reconciliation of journal entries
- Managed Accounts Payable & Accounts Recievable using Quickbooks software
- Monthly Financial reporting to the medical director

- Annual financial reporting to the accountant
- Payroll reporting and tracking

Education

1988-1994 New Hampshire College Portsmouth, NH

Major: Accounting

Relevant Course Work:

- Elementary, Intermediate Accounting I & II
- Cost Accounting I & II

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Community health Access Network

Name of Program: Public Health and Health Care Integration

BUDGET PERIOD:	SFY 17			
NAME	**JOB TITLE**	**SALARY**	**PERCENT PAID FROM THIS CONTRACT**	**AMOUNT PAID FROM THIS CONTRACT**
Kirsten Platte	Executive Director	$100,776	22.336%	$22,509.33
Joan Tulk	QI Director/CIO	$132,600	32.265%	$42,783.39
Rebecca Roosevelt	EMR Systems/Reporting Manager/Cert.Content Expert	$75,088	11.171%	$8,388.08
		$0	0.00%	$0.00
		$0	0.00%	$0.00
		$0	0.00%	$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				**$73,680.80**

BUDGET PERIOD:	SFY 18			
NAME	**JOB TITLE**	**SALARY**	**PERCENT PAID FROM THIS CONTRACT**	**AMOUNT PAID FROM THIS CONTRACT**
Kirsten Platte	Executive Director	$103,799	22.336%	$23,184.54
Joan Tulk	QI Director/CIO	$136,578	32.264%	$44,065.53
Rebecca Roosevelt	EMR Systems/Reporting Manager/Cert Content Expert	$77,341	9.926%	$7,676.87
			0.000%	$0.00
		$0	0.00%	$0.00
		$0	0.00%	$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				**$74,926.94**

JAN15'15 PM 2:54 DAS

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services
"improving health, preventing disease, reducing costs for all"

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

G&C APPROVED
Date: 01/28/2015
Item #13

January 7, 2015

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into an agreement with the Community Health Access Network, Inc., Vendor #162256-B001, 207 South Main Street, Newmarket, NH 03857, in an amount not to exceed $628,843, to coordinate and implement Asthma, Diabetes and Cardiovascular, and Tobacco prevention health care interventions to improve prevention and management of chronic diseases, to be effective the date of Governor and Council approval through June 30, 2016. 100% Federal Funds.

Funds are available in the following account(s) for SFY 2015, and are anticipated to be available in SFY 2016 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.

05-95-90-901015-5667 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, CHRONIC DISEASE - ASTHMA

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2015	102-500731	Contracts for Prog Svc	90019004	100,527
SFY 2016	102-500731	Contracts for Prog Svc	90019004	226,316
			Sub Total	$326,843

05-95-90-902010-1227 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMBINED CHRONIC DISEASE

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2015	102-500731	Contracts for Prog Svc	90017117	67,000
SFY 2015	102-500731	Contracts for Prog Svc	90017317	70,000
			Sub Total	137,000
SFY 2016	102-500731	Contracts for Prog Svc	90017117	80,000
SFY 2016	102-500731	Contracts for Prog Svc	90017317	70,000
			Sub Total	150,000
			Sub Total	$287,0000

05-95-90-902010-5608 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, TOBACCO PREVENTION FEDERAL

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2015	072-500573	Grants - Federal	90018000	5,000
SFY 2016	102-500731	Contracts for Prog Svc	90018000	10,000
			Sub Total	$15,000
			TOTAL	$628,843

EXPLANATION

Services provided under this contract will improve the early detection and management of diabetes, high blood pressure, asthma, and tobacco use and dependence, which lower the rates of disability, costly complications and mortality associated with these conditions. Specifically, funds in this agreement will be used to: 1) monitor and improve the standard of care at clinical sites throughout New Hampshire, for people who have, or are at risk for, diabetes, high blood pressure, asthma, and tobacco use and dependence; 2) provide professional education on chronic disease prevention and management; 3) assist the Department in chronic disease prevention and management activities in communities throughout the state; and 4) Increase important linkages between clinical care and community resources for chronic disease prevention and self-management.

Underserved populations, including low-income and minority groups, are at increased risk for chronic diseases and associated complications. Therefore, services under this contract are offered primarily through a network of safety-net health care providers. The Community Health Access Network (CHAN) provides Electronic Health Record system support and leads quality improvement efforts within this network. They also provide professional in-service training for clinicians and administrative support for the programs' annual educational conferences. These network sites serve an estimated 67,037 patients at locations throughout the state. These services provided by CHAN support health care providers in the prevention and management of chronic diseases.

In 2013, 9.2% of adults in New Hampshire reported having been diagnosed with diabetes. This likely is an underestimate as nearly one-third of persons with diabetes are unaware they have the disease. Additionally, up to 37% of New Hampshire adults may have prediabetes, a risk factor for type 2 diabetes.

Heart disease and stroke are the second and fourth leading causes of death in New Hampshire. High blood pressure is a risk factor for heart disease and stroke. Approximately 31% of New Hampshire adults reported having high blood pressure.

The prevalence of adult cigarette smoking in New Hampshire is 19.4%. Tobacco use and dependence remains the single most preventable cause of death and disability in New Hampshire. In New Hampshire, more than 1,764 deaths are attributable to tobacco use each year, which includes 556 lung cancer and 490 respiratory deaths each year. Exposure to secondhand and third-hand smoke is linked to thousands of additional deaths. In New Hampshire, the direct private and public health care cost attributable to smoking is $564 million annually.

New Hampshire's asthma rate is among the highest in the nation. Approximately 110,000 adults and 25,000 children in the state have asthma. Each year about 10% of adults and 8% of children are diagnosed with asthma, amounting to approximately 7,000 new cases.

Should Governor and Executive Council not authorize this Request, the ability to reduce the economic burden from these chronic diseases through prevention and management activities will be jeopardized.

Community Health Access Network, Inc., was selected for this project through a competitive bid process. A Request for Proposals was posted on The Department of Health and Human Services' web site from July 22, 2014 through September 2, 2014. In addition, a bidder's conference was held on July 31, 2014.

Two proposals were received in response to the Request for Proposals. Seven reviewers who work internal to the Department reviewed the proposals. The reviewers represent seasoned public health administrators and managers who have between five to 30 years' experience managing agreements with vendors for various public health programs. Each reviewer was selected for the specific skill set they possess and their experience. Their decision followed a thorough discussion of the strengths and weaknesses to the proposals. The final decision was made through consensus scoring. The Bid Summary is attached.

As referenced in the Request for Proposals and in the contract, this competitively procured Agreement has the option to extend for two (2) additional year(s), contingent upon mutual agreement of the parties, availability of funding, satisfactory delivery of services, and subsequent approval by the Governor and Executive Council.

The following are key performance measures that will be used to measure the effectiveness of the agreement:

- Increase referrals to Diabetes Self-Management Education Programs
- Increase referrals to National Diabetes Prevention Programs
- Increase number of quality improvement projects completed for improved blood pressure control
- Increase number of quality improvement projects completed for improved management of asthma
- Increase number of health systems demonstrating increased coordination of referrals for asthma
- Increase utilization of electronic health record systems to improve brief interventions for tobacco users

Area served: Statewide.

Source of Funds: 100% Federal Funds from the U.S. Centers for Disease Control and Prevention.

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

Respectfully submitted,

José Thier Montero, MD, MHCDS
Director

Approved by:
Nicholas A. Toumpas
Commissioner

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

NH Public Health and Health Care Integration
RFP Name

15-DHHS-DPHS-PHHCI-06
RFP Number

Bidder Name	Percent Score	Maximum Points	Actual Points
1. Community Health Access Network	72%	140	101
2. Clinovations Government Solutions	60%	140	84
3. 0		140	0
4. 0		140	0
5. 0		140	0

Reviewer Names

1. Marisa Lara, Program Mgr, 5 Years Experience
2. Donna Fleming, Administrator, 11 Years Experience
3. Beverly Drouin, Administrator, 30 Years Experience
4. Susan Knight, Epidemiologist, 21 Years Experience
5. Danielle Weiss, Health Promotion Advisor, 1 Years experience
6. Dolores Cooper, Financial Manager, 34 Years Experience
7. Shelley Swanson, Administrator, 21 Years Experience

FORM NUMBER P-37 (version 1/09)

Subject: Asthma, Diabetes and Cardiovascular, and Tobacco Prevention Health Care Integration to Prevent and Manage Chronic Disease

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		**1.2 State Agency Address** 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Community Health Access Network, Inc.		**1.4 Contractor Address** 207 South Main Street Newmarket, NH 03857	
1.5 Contractor Phone Number 603-292-7205	**1.6 Account Number** See Exhibit B for Account Numbers	**1.7 Completion Date** June 30, 2016	**1.8 Price Limitation** $628,843
1.9 Contracting Officer for State Agency Brook Dupee, Bureau Chief		**1.10 State Agency Telephone Number** 603-271-4501	
1.11 Contractor Signature Kirsten Platte		**1.12 Name and Title of Contractor Signatory** Kirsten Platte, Executive Director	

1.13 Acknowledgement: State of NH, County of Rockingham

On 1/13/15 before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

1.13.1 Signature of Notary Public or Justice of the Peace

Roberta Jane Arquette

[Seal]

1.13.2 Name and Title of Notary or Justice of the Peace

ROBERTA JANE ARQUETTE
Notary Public - New Hampshire
My Commission Expires October 2, 2018

1.14 State Agency Signature	**1.15 Name and Title of State Agency Signatory** Brook Dupee, Bureau Chief
1.16 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)*	
By:	Director, On:
1.17 Approval by the Attorney General (Form, Substance and Execution)	
By: Megan A. Yaple - Attorney	On: 1/14/15
1.18 Approval by the Governor and Executive Council	
By:	On:

Exhibit A

SCOPE OF SERVICES

1. Required Services

The Contractor shall:

1.1. Coordinate Quality Improvement (QI) activities utilizing defined improvement processes (i.e. Plan-Do-Study-Act, Plan-Do-Check-Act, Fishbone, Lean), or another process to be approved by the Department of Health and Human Services (DHHS), among health care organizations and community partners and provide technical assistance, as needed.

1. Asthma

1. In year one, enter into subcontracts with three Federally Qualified Health Centers (FQHC) in the Androscoggin Valley Hospital, Elliot Hospital and Southern New Hampshire Medical Center hospital service areas to implement QI processes for asthma.
    a. From the Electronic Health Records (EHR) of the FQHCs obtain patient data of agreed upon asthma performance indicators to be used to identify and subsequently track progress of continuous QI initiatives.
2. In year two, enter into subcontracts with Androscoggin Valley Hospital, Elliot Hospital, and Southern New Hampshire Medical Center hospital systems to implement QI processes for asthma.
    a. From the Electronic Health Records (EHR) of the Androscoggin Valley Hospital, Elliot Hospital, and Southern New Hampshire Medical Center hospital systems obtain patient data of agreed upon asthma performance indicators to be used to identify and subsequently track progress of continuous QI initiatives.
3. Enter into subcontracts as authorized by the Department, with Accountable Care Organizations, Medical Homes, Managed Care Organizations, home visiting agencies, school districts, and local health department to implement QI processes for asthma.
4. In both years, and in coordination with the NH Asthma Control Program (NHACP), enter into a subcontract with the New Hampshire Health Information Exchange (NHHIO) for the secure transfer of student asthma data between three pilot schools and medical providers in the Androscoggin Valley Hospital, Elliot Hospital, and Southern New Hampshire Medical Center services areas.
5. Coordinate and fund QI projects upon Asthma Program Administrator approval that leads to measurable improvements in:
    - Identification of undiagnosed and uncontrolled asthma.
    - Improvement of management of asthma using innovative health care models such as team-based care.

2. Diabetes, Prediabetes, and Hypertension

1. Coordinate an interactive network of clinical sites and health care systems through subcontracts or Memorandums of Understanding (MOU) that will implement QI activities for diabetes, prediabetes, and hypertensioncontrol and improvement .
    a. Assist clinical sites to utilize EHR to its maximum capacity (algorithms, clinical decision support, electronic referrals to evidence based programs with feedback loops, etc.) as part of the QI work; and
    b. As directed, extract annually, patient data of agreed upon diabetes and hypertension performance indicators to be used to identify and subsequently track progress of continuous QI initiatives.
    c. As directed, extract annually, patient data of agreed upon prediabetes performance indicators to be used to identify and subsequently track progress of continuous QI initiatives.
    d. Add a minimum of one additional site to the network each year.

2. Coordinate and fund QI Coordinated Chronic Disease (CCD)discrete projects that lead to measurable improvements in:
    a) Identification of undiagnosed, hypertension, and diabetes/prediabetes; and uncontrolled diabetes, and hypertension.
    b) Improve management of diabetes, prediabetes, and hypertension using innovative health care models such as team-based care and self-monitoring of blood pressure tied with clinical support; and referrals to evidence-based disease prevention and management programs.

3. Technical Assistance to Increase the Use of Team-Based Care for Hypertension Management in Health care Systems

a) Provide technical assistance to health care systems to increase the use of team-based care for the management of hypertension. This may include, but is not limited to: assist practices interested in obtaining, upgrading, maintaining or renewing Patient Centered Medical Home recognition status, assist practices to develop policies or systems that encourage a team-based approach to hypertension management, promote the team-based care model to increase the proportion of patients who have self-management plans and adhere to medications for hypertension control, or other technical assistance activity pending approval by DHHS.

4. Tobacco

1. On a quarterly basis, from the Electronic Health Records (EHR) of Federal Qualified Health Centers, on a quarterly basis, extract fidelity/utility data on the ***Assist*** part of brief interventions for tobacco use and dependence (Ask, Assist, Refer) or Uniform Data System, National Quality Forum measures 0027. Refer to Table, Appendix E – Tobacco Measures.

5. Health Systems Interventions

1. Coordinate and oversee health system interventions to prevent and manage chronic conditions, with a focus on uncontrolled and undiagnosed chronic conditions. Interventions shall target systems at the highest level possible to achieve maximum reach and impact. The health system interventions shall include the following:
    a. Expand clinical health team and community partner awareness around best practices and resources for prevention and management of asthma, diabetes, prediabetes, and hypertension.

2. Promote the full and coordinated use of EHR to manage chronic conditions (i.e. patient registries, use of algorithms or decision support tools) and to identify undiagnosed asthma, hypertension, and prediabetes; and uncontrolled asthma, diabetes, and hypertension.

6. Self-Management Activities

1. Develop a network of providers and community partners that will coordinate referrals for patient education that includes ADA-recognized and or AADE-Accredited Diabetes Self-management Education Programs (DSME), and National Diabetes Prevention Programs (NDPP).
    a. Expand utilization of EHR based DSME and NDPP referrals and follow-up systems between providers and community organizations.
2. Develop a network of providers and community partners in the Androscoggin Valley, Elliot and Southern New Hampshire Medical Center hospital service areas that will coordinate referrals for asthma patient education that includes Chronic Disease Self-Management Program (CDSMP), asthma care-giver and asthma self-management education in the group, home and school-based setting.
    a. Expand utilization of EHR based asthma-related CDSMP referrals and follow-up systems between providers and community organizations.

7. Training and Workforce Development Topics & Target Audiences

1. Manage Workforce Development activities to plan, promote, conduct, and evaluate professional development activities with technical input provided by the DHHS and their partners.
    a. These activities shall be prioritized to support policy and health system interventions in targeted settings as outlined in Section 1.2.,
    b. Workforce activities shall be for sites that participate in QI activities as outlined in 1.1.
    c. Workforce activities for other entities require prior approval.
2. Using curriculum to be developed by the Asthma Collaborative, the Contractor shall provide online training (i.e. webinars, moodle) to the Androscoggin Valley Hospital, Elliot Hospital, and Southern New Hampshire Medical Center hospital systems and the FQHCs in the three target hospital service areas on:
    a. Asthma clinical best practices and,
    b. Asthma Self-Management
3. Using curriculum to be developed by the Asthma Collaborative, the Contractor shall provide online training (i.e webinars, moodle) on:
    a. Asthma home-visiting, to home visiting agencies, (i.e. VNA, special medical services) in the Androscoggin Valley Hospital, Elliot Hospital, and Southern New Hampshire Medical Center hospital service areas;
    b. Asthma Caregiving to School Nurses, NEA Teachers, School Facilities personnel, and recreational sports organizations in the Androscoggin Valley Hospital service area, Elliot Hospital service area and Southern New Hampshire Medical Center hospital service areas.
4. Using existing or modified curriculum, the Contractor shall provide online training (i.e. webinar, moodle) on Diabetes, prediabetes, and hypertension on clinical best practices to clinical health team and community partners.
5. Using curriculum developed by the Southern New Hampshire Area Health Education Center, the Contractor shall provide Community Health Worker classroom training to Androscoggin Valley Hospital, Elliot Hospital, and Southern New Hampshire Medical Center hospital systems, FQHCs in the three target hospital service areas, and settings as outlined in Section 1.2.,
6. The Contractor shall provide a $4,000 sponsorship for Workforce Training to the annual Healthy Homes and the bi-annual Asthma Conference (2016), and other diabetes, prediabetes and hypertension related conferences, and workshops.

8. Training to Increase the Use of Team-Based Care for Hypertension Management in Health care Systems

2. Provide health systems with training to implement team-based systems of care for hypertension management. This may include, but is not limited to: delivering web-based training modules, supporting training for staff to become Patient Centered Medical Home Certified Content Experts, training for community health workers on their role in hypertension management, or other training pending approval by the DHHS CCD Program.

9. Additional Support for Workforce Development Activities

1. Provide Continuing Education Units (CEU) and Continuing Medical Education (CME) credits as necessary for all professional development activities outlined in sub section 7.
2. Provide an evaluation summary of all professional development activities outlined in sub section 7 Workforce Development on a quarterly basis to DPHS reporting purposes.

3. For training on team-based systems of care, follow-up with participants within six months post training, to assess the extent to which the knowledge gained contributed to change at the practice or systems level.
4. Select clinical staff to participate in beta or end-user testing of tobacco e-learning / 1-hour QuitWorks-New Hampshire curriculum brief interventions for tobacco use and dependence (Year 2)
5. Promote the availability of tobacco on-line/e-learning training and inform staff about the availability of CMEs and CEUs (Year 2).

10. Population –based Interventions

1. Support Population-based Interventions through administration of Memorandums of Understanding (MOU) or subcontracts with partner organizations and consultants. MOUs shall include, at a minimum, the following:

   a. The Contractor shall develop a subcontract with the Asthma Health Improvement – Asthma Educator Network work group coordinator to organize and facilitate monthly meetings that includes 100 hours @ $50 per hour.
   b. The Contractor shall develop a subcontract with a vendor to maintain the AsthmaNowNH.org Website on an as needed based basis that includes 20 hours @ $60 per hour.
   c. The Contractor shall develop a subcontract with a qualified Asthma Evaluation Consultant to participate in evaluation work group, develop program evaluation plan, and implement evaluation activities at 82 hours @ $65 per hour.
   d. The Contractor shall develop a subcontract with an Asthma Quality Improvement Clinical Consultant to participate in Asthma Health Improvement – Asthma Educator Network and provide technical assistance to the three targeted health care systems at 283 hours @ $53 per hour.

2. Workplan

The Contractor shall:

1. Work with the Department to finalize the year 1 Workplan within 30 days of the effective date of the contract;
2. Work with the Department to draft the year 2 Workplan 90 days prior to the end of year 1;
3. Work with the Department to finalize the year 2 Workplan prior to the start of year 2.

3. Staffing

The Contractor shall:

1. Provide sufficient staff to perform all tasks specified in this contract and maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion.
2. Ensure that all staff has appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.
3. Provide sufficient staff to coordinate, oversee and implement QI training processes at the Androscoggin Valley Hospital system, Elliot Hospital system, Southern New Hampshire Medical Center hospital system, FQHCs, Accountable Care Organizations, Medical Homes, Managed Care Organizations, home visiting agencies, school districts, and local health department.
4. Develop and maintain a Staffing Contingency Plan, including but not limited to:

a) The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;

b) Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;

c) Discussion of time frames necessary for obtaining replacements;

d) Bidder's capabilities to provide, in a timely manner, replacement staff with comparable experience; and

e) The method of bringing replacement staff up-to-date regarding the activities of this project.

4. Compliance and Reporting Requirements

The Contractor shall:

Compliance Requirements

1. 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, the Contractor must submit a detailed description of the language assistance services they will provide to persons with Limited English Proficiency to ensure meaningful access to their programs and/or services, within 10 days of the contract effective date.

Reporting Requirements

1. Attend one in-person meeting at the Department office annually to review contract details.
2. Report quarterly, using reporting template provided by DHHS, to each of the three DHHS program areas (asthma, CCD, and tobacco)on:
    a. required services, activities and progress towards performance measures;
    b. Collected and analyzed data to monitor and evaluate activities and programs, including reach and impact of interventions;
    c. Submit "Assist" data to the Tobacco Program Administrator in the form of tables and graphs;
    d. In collaboration with the Tobacco Program Administrator, develop performance measures relative to increasing "Assist" (Year 2), if the date demonstrates it is necessary.
3. Participate in monthly conference calls to review activities, interventions and funding.
4. On a quarterly basis, the Contractor shall develop and submit to the Department, a corrective action plan for any performance measure that was not achieved or did not meet quarterly benchmarks.

5. Performance Measures

The Contractor shall:

5.1. Work with the DHHS to further define and operationalize the performance measures within 30 days of the effective date of contract, establish baselines and targets, and shall ensure that the performance measures are annually achieved and monitored quarterly;

5.2. Quarterly, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

Exhibit A

A) Coordinate Quality Improvement Activities and Provide Technical Assistance

1. Increase number of community partnership(s) identified in the three target health care systems committed to implementing QI processes for asthma.
2. Increase number of QI projects completed in target areas for improved management of asthma
3. Increase number of EHR systems which impact multiple provider sites simultaneously adding or enhancing asthma modules or other asthma decision support tools as outlined in section 3.2.2.
4. Increase number of QI projects completed utilizing defined improvement processes (e.g. Plan-Do-Study-Act, Plan-Do-Check-Act, Fishbone, and Lean) in settings as outlined in Section 1.2., that lead to measurable improvements in:
   a: Identification of undiagnosed hypertension – minimum of one project per year
   b: Identification of undiagnosed diabetes/prediabetes – minimum of one project per year
   c: Hypertension control – minimum of one project per year
   d: Diabetes control – minimum of one project per year
5. Increase the number of practices or systems that receive technical assistance to increase the use of team-based care for the management of hypertension.

B) Health System Interventions to Prevent and Manage Chronic Conditions

1. Increase number of health systems demonstrating increased coordination of referrals for asthma education.
2. Increase number of EHR systems demonstrating mechanisms allowing referral and follow-up communication between providers and community organizations. These shall include implementation of evidence-based disease management and prevention programs - nurse contact or regional resource list.
3. Increase number of providers and community partners forming a network coordinating referrals (e.g. electronic, fax, US Mail, or New Hampshire Health Information Organization) for asthma self-management patient education – linkages
4. Increase number of referrals to ADA-recognized and/or AADE-accredited Diabetes Self-management Education Programs
5. Increase number of referrals to National Diabetes Prevention Programs
6. Increase policies relative to EHR system utilization to improve brief interventions for tobacco users.
7. Increase adherence to policies relative to EHR system utilization to improve brief interventions for tobacco users.

C) Workforce Development

1. Increase number of comprehensive asthma professional development activities promoted, conducted and evaluated in DHHS/DPHS priority areas
2. 80% of participants in workforce training opportunities report increased knowledge

Exhibit B

Method and Conditions Precedent to Payment

1) Funding Sources:

Service	SFY15	SFY16	TOTAL	State of NH Account Numbers	Job Code	Funding Source	CFDA	FAIN
Asthma Control Program	100,527	226,316	326,843	05-95-90-901510-5667-102-500731	90019004	100% federal funds from the U.S. Centers for Disease Control and Prevention	93.070	U59EH000509
Combined Chronic Disease	67,000	80,000	147,000	05-95-90-902010-1227-102-500731	90017117	100% federal funds from the U.S. Centers for Disease Control and Prevention	93.757	U58DP004821
Combined Chronic Disease-Hypertension	70,000	70,000	140,000	05-95-90-902010-1227-102-500731	90017317	100% federal funds from the U.S. Centers for Disease Control and Prevention	93.757	U58DP004821
Tobacco Prevention & Control Program	5,000	0	5,000	05-95-90-902010-5608-072-500573	90018000	100% federal funds from the U.S. Centers for Disease Control and Prevention	93.283	U58DP001979
Tobacco Prevention & Control Program	0	10,000	10,000	05-95-90-902010-5608-102-500731	90018000	100% federal funds from the U.S. Centers for Disease Control and Prevention	93.283	U58DP001979
TOTAL	242,527	386,316	628,843					

2) The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.

a. Payment for said services shall be made as follows:

The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement. The final invoice shall be due to the State no later than thirty (30) days after the contract Completion Date.

Exhibit B

b. The invoice must be submitted to:

Department of Health and Human Services
Division of Public Health Services
Email address: DPHScontractbilling@dhhs.state.nh.us

3) This is a cost reimbursement contract. The Contractor agrees to use and apply all contract funds from the State for direct and indirect costs and expenses including, but not limited to, personnel costs and operating expenses related to the Services, as detailed in Exhibit B-1 – SFY 2015 Budgets, and reimbursement shall be made monthly based on actual costs incurred during the previous month. Allowable costs and expenses shall be determined by the State in accordance with applicable state and federal laws and regulations. The Contractor agrees not to use or apply such funds for capital additions or improvements, entertainment costs, or any other costs not approved by the State. DHHS funding may not be used to replace funding for a program already funded from another source.

4) Payment will be made by the State agency subsequent to approval of the submitted invoice and if sufficient funds are available in the Service category budget line items submitted by the Contractor to cover the costs and expenses incurred upon compliance with reporting requirements and performance and utilization review. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.

5) Contractors are accountable to meet the scope of services. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding. Corrective action may include actions such as a contract amendment or termination of the contract. The contracted organization shall prepare progress reports, as required.

6) The Contractor shall have written authorization from the State prior to using contract funds to purchase any equipment with a cost in excess of three hundred dollars ($300) and with a useful life beyond one year.

7) Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

SPECIAL PROVISIONS

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

1. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.

2. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.

3. **Documentation:** In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.

4. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.

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

6. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.

7. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractors costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party funders for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party funders, the Department may elect to:
   7.1. Renegotiate the rates for payment hereunder, in which event new rates shall be established;
   7.2. Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

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

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. Extension:

   This agreement has the option for a potential extension of up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.