



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES

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February 10, 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 establish a list of dentists, with the ability to expand said list to include additional interested dental contractors to provide necessary dental treatment for clients enrolled in the New Hampshire Ryan White CARE Program. No maximum client or service volume is guaranteed. Accordingly, the price limitation among all Agreements is \$100,000 each State Fiscal Year for a total of \$200,000. The Agreements are effective date of Governor and Executive Council approval through June 30, 2016. 100% other funds.

VENDOR	LOCATION
Mary Hitchcock Memorial Hospital dba Dartmouth-Hitchcock Clinic	Lebanon, NH

Funds are available in the following account for SFY 2015, and are anticipated to be available in SFY 2016 upon the availability and continued appropriation of funds in the future operating budgets, 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.

05-95-90-902510-2229 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, PHARMACEUTICAL REBATES

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2015	530-500371	Drug Rebates	90024608	\$100,000
SFY 2016	530-500371	Drug Rebates	90024608	\$100,000
			Total	\$200,000

EXPLANATION

This requested action seeks approval of one (1) of seven (7) agreements that will ensure the provision of dental treatment and other oral health services to New Hampshire residents living with Human Immunodeficiency Virus (HIV), statewide that are enrolled in the New Hampshire Ryan White CARE Program. The licensed Dentists will provide dental treatment and other oral health services to enrolled clients, on an individual, case-by-case, as needed basis. The Department has previously approved two (2) agreements and anticipates that the remaining (4) four agreements will be presented at an upcoming Governor and Executive Council meeting.

The New Hampshire Ryan White CARE Program receives funding from the Health Resources and Services Administration (HRSA), Ryan White HIV/AIDS Program, Part B for medical services, oral health, and home health care services. HRSA funding is in accordance with the Ryan White HIV/AIDS Treatment Extension Act of 2009. The intent of the legislation and federal funding is to assure access to care for financially eligible individuals living with HIV/AIDS. A recipient of federal funding, the New Hampshire Ryan White CARE Program is subject to the federal mandate to implement contractual agreements with all service providers and to maintain nationally accepted fiscal, programmatic, and monitoring standards established by HRSA. Federal regulation also requires that Ryan White CARE Program funds be used as a "payer of last resort".

Should Governor and Executive Council not authorize this Request, federal regulations and monitoring standards will not be met and eligible New Hampshire residents living with HIV with immediate oral health needs and without access to care will not receive prevention and treatment for dental conditions. The services in this Contract will promote the goals of the National HIV/AIDS Strategy and maintain a continuum of care in order to reduce HIV related health disparities and the occurrence of negative health outcomes. The program currently provides services to approximately 450 to 500 clients statewide.

A Request for Applications was posted on the Department of Health and Human Services' web site on April 4, 2014 to solicit dentists to provide dental services to New Hampshire Ryan White CARE program clients. In addition, an email was sent to twelve (12) known dental providers for Ryan White Part B services on April 4, 2014, notifying them that a Request for Application was posted. Seven (7) applications were received from licensed dentists, and were approved for funding.

As referenced in the Request for Application and in exhibit C-1, Revisions to General Provisions, this Agreement has the option to extend for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

The performance of this program will be measured by the number of New Hampshire Ryan White CARE Program clients that actually receive dental services.

The geographic area to be served is statewide.

Source of Funds: 100% Other Funds from the Pharmaceutical Rebates.

In the event that the Other 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

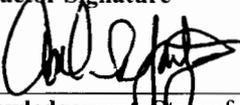
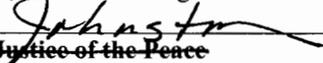
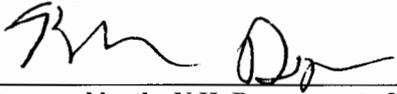
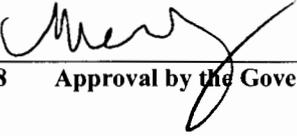
Subject: New Hampshire Ryan White CARE Program

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		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Mary Hitchcock Memorial Hospital dba Dartmouth-Hitchcock		1.4 Contractor Address One Medical Center Drive Lebonon, NH 03756	
1.5 Contractor Phone Number 603-650-8136	1.6 Account Number 05-95-90-902510-2229-530-500371	1.7 Completion Date June 30, 2016	1.8 Price Limitation \$200,000
1.9 Contracting Officer for State Agency Brook Dupee, Bureau Chief		1.10 State Agency Telephone Number 603 271- 4483	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Daniel Jantzen, Chief Operating Officer	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Grafton</u> On <u>1/13/15</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is 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 			
1.13.2 Name and Title of Notary or Justice of the Peace JOHNSTON, Notary 			
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. Taylor - Attorney On: <u>2/28/15</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.
5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

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

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.
6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.
7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Contractor Initials: 
Date: 1/13/15

8. EVENT OF DEFAULT/REMEDIES.

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

- 8.1.1 failure to perform the Services satisfactorily or on schedule;
- 8.1.2 failure to submit any report required hereunder; and/or
- 8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

- 8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;
- 8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;
- 8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or
- 8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

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

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

14. INSURANCE.

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

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

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

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

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

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

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



Exhibit A

Scope of Services

1. Program Name: New Hampshire Ryan White CARE Program

1.1. Purpose:

The purpose of this agreement is to perform necessary dental treatment for clients enrolled in the New Hampshire Ryan White CARE Program (NH CARE Program). The goal of the NH CARE Program is to provide financial assistance for necessary dental treatment and other oral health services, to uninsured and underinsured New Hampshire (NH) residents living with Human Immunodeficiency Virus (HIV), statewide.

2. Provision of Services:

- 2.1. The Contractor shall act as a representative of the NH CARE Program to provide preventive and restorative dental care to uninsured and underinsured NH CARE Program clients.
- 2.2. The Contractor shall provide services to enrolled NH CARE Program clients only; services provided outside of enrollment periods will not be reimbursed.
- 2.3. The Contractor shall refer clients to their Medical Case Manager as needed to re-enroll in the NH CARE Program.
- 2.4. The Contractor shall invoice NH CARE Program for services using a health insurance claim form or reasonable facsimile; additional invoicing methods may be approved by the NH CARE Program.
- 2.5. The Contractor shall invoice NH CARE Program according to the NH CARE Program Dental Fee Schedule; request approval for additional services through the Contract Monitor.
- 2.6. The Contractor shall participate in an annual site visit with NH CARE Program staff.
- 2.7. The Contractor shall provide client level data as requested by the NH CARE Program, for the completion of annual reports to the Health Resources and Services Administration (HRSA).
- 2.8. The Contractor shall maximize billing to NH Medicaid and private dental insurance. The NH CARE Program shall be the payer of last resort and will only reimburse services for uninsured and underinsured clients.

3. Licensing Requirements:

Dentist(s) performing services under this agreement must possess a current dental license issued by the State of New Hampshire Board of Dental Examiners.



Exhibit A

4. Dental providers shall adhere to the NH CARE Program Standards of Care for Oral Health Services, and all applicable Programmatic, Fiscal and Universal Monitoring Standards, as documented by the HRSA:
- <http://hab.hrsa.gov/manageyourgrant/files/programmonitoringpartb.pdf>
 - <http://hab.hrsa.gov/manageyourgrant/files/fiscalmonitoringpartb.pdf>
 - <http://hab.hrsa.gov/manageyourgrant/files/universalmonitoringpartab.pdf>
5. The Department of Health and Human Services reserves the right to discontinue this agreement should it discover any abridgment of the above partner agreements that jeopardize the intent of this agreement.

6. Entire Agreement:

The following documents are incorporated by reference into this Agreement and they constitute the entire Agreement between the State and the Contactor. General Provisions (P-37), Exhibit A Scope of Services, Exhibit B Purchase of Services, Exhibit B-1 Dental Fee Schedule, Exhibit C Special Provisions, Exhibit C-1 Additional special Provisions, Exhibit D Certification Regarding Drug-Free Workplace, Exhibit E Certification Regarding Lobbying, Exhibit F Certification Regarding Debarment, Suspension and Other Responsibility Matters, Exhibit G Certification Regarding the American's With Disabilities Act Compliance, Exhibit H Certification Regarding Environmental Tobacco Smoke, Exhibit I Health Insurance Portability Accountability Act Business Associate Agreement, and Exhibit J Certification Regarding The Federal Funding Accountability and Transparency Act Compliance. In the event of any conflict of contradiction between or among the Agreement Documents, the documents shall control in the above order of precedence.



Exhibit B-1

NH CARE Program Dental Fee Schedule 2014 - 2015		
Code	Procedure	Fee
D0120	Periodic oral evaluation	41.00
D0140	Limited oral evaluation	60.00
D0150	Comprehensive oral evaluation	62.00
D0210	Intraoral-complete series	96.00
D0220	Intraoral-Periapical 1st film	15.00
D0230	Intraoral-Periapical each additional	10.00
D0270	Bitewings - Xray	17.00
D0272	Bitewings - two films	25.00
D0274	Bitewings - four films	45.00
D0330	Panoramic film	83.00
D1110	Prophylaxis adult	85.00
D1120	Prophylaxis child	38.00
D2140	Amalgam - 1 surface	150.00
D2150	Amalgam - 2 surface	155.00
D2160	Amalgam - 3 surface	180.00
D2161	Amalgam - 4/4+ surface	200.00
D2330	Resin-1 surface anterior	131.00
D2331	Resin-2 surface anterior	143.00
D2332	Resin-3 surface anterior	147.00
D2335	Resin-4/4+ surface anterior	165.00
D2391	Resin-1 surface posterior	150.00
D2392	Resin-2 surface posterior	155.00
D2393	Resin-3 surface posterior	180.00
D2394	Resin-4/4+ surface posterior	200.00
D2940	Sedative Filling	75.00
D4341	Scaling and root planing (per quadrant)	100.00
D4355	Full mouth debridement	90.00
D4910	Periodontal Maintenance	120.00
D5110	Complete denture-maxillary	800.00
D5120	Complete denture-mandibular	800.00
D5130	Immediate denture-maxillary	875.00
D5140	Immediate denture-mandibular	875.00
D5211	Maxillary partial-resin base	600.00
D5212	Maxillary partial-resin base	600.00

[Handwritten Signature]
 1/13/15



Exhibit B-1

D5213	Max partial-cast metal w/resin	1,300.00
D5214	Mand partial-cast metal w/resin	1,200.00
D5410	Adjust complete denture, maxillary	50.00
D5411	Adjust complete denture, mandibular	50.00
D5421	Adjust partial denture, maxillary	50.00
D5422	Adjust partial denture, mandibular	50.00
D5520	Replace denture teeth	127.00
D5670	Replace All Teeth/Acrilic on cast metal framework\$359	359.00
D5750	Reline complete maxillary denture	244.00
D5751	Reline complete mandibular denture	244.00
D7140	Extraction-erupted/exposed	150.00
D7210	Extraction-surgical-imp bony	225.00
D7240	Removal of Impacted Tooth	348.00
D7310	Alveoloplasty - per quaddrant	275.00
D7472	Removal of torus palatinus Mandibular - 2 quadrants	400.00
D5760	Reline maxillary parital denture	99.00
D5761	Reline mandibular partial denture	99.00
D9110	Palliative Tx of Dental Pain	33.00
D9220	Gen anesthesia (first 30 minutes)	100.00
D9221	Gen anesthesia (each additional 15 minutes)	40.00
D9241	Intravenous Conscious Sedation/first 30 min	100.00
D9242	Intravenous Conscious Sedation/ea add'l 30 min	40.00
D9310	Dental Consultation	68.00
D9612	Parenteral Drug Injection (\$77 each)	77.00
D9940	Mouth Guard	110.00
	<i>Additional services may be approved by DHHS on a case by case basis</i>	
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SPECIAL PROVISIONS

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

1. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.
2. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.
3. **Documentation:** In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.
4. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.
5. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.
6. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.
7. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the 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;


Date 1/13/15



- 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.



Exhibit C-1

be claimed to arise out of) the negligent acts or omissions or intentional misconduct of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

4. Insurance:

Subparagraph 14.2 of the General Provisions of this contract is deleted and replaced with the following subparagraph;

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

5. Confidentiality of Records:

Subparagraph 10 of Exhibit C of this contract, Special Provisions, is deleted and replaced with the following subparagraph;

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 disclosure of any protected health information shall be in accordance with the regulatory provisions of HIPAA; 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.

6. 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.

CP

1/13/15



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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

New Hampshire Department of Health and Human Services
Exhibit D



- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

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

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

Contractor Name: Mary Hitchcock Memorial Hospital dba Dartmouth-Hitchcock

1/13/15
Date

Daniel Jantzen
Name: Daniel Jantzen
Title: Chief Operating Officer



CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

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

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

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

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

Contractor Name: Mary Hitchcock Memorial Hospital dba Dartmouth-Hitchcock

1/13/15
Date


Name: Daniel Janzen
Title: Chief Operating Officer



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

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

INSTRUCTIONS FOR CERTIFICATION

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



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

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

PRIMARY COVERED TRANSACTIONS

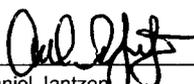
11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 -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

LOWER TIER COVERED TRANSACTIONS

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

Contractor Name: Mary Hitchcock Memorial Hospital dba Dartmouth-Hitchcock

1/13/15
Date


Name: Daniel Jantzen
Title: Chief Operating Officer



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

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

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

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

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

Exhibit G

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

Contractor Initials

Date

1/13/15

New Hampshire Department of Health and Human Services
Exhibit G



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

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

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

Contractor Name: Mary Hitchcock Memorial Hospital dba Dartmouth-Hitchcock

1/13/15
Date

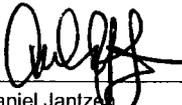

Name: Daniel Jantzer
Title: Chief Operating Officer

Exhibit G

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

Contractor Initials


1/13/15
Date



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name: Mary Hitchcock Memorial Hospital dba Dartmouth-Hitchcock

1/13/15
Date


Name: Daniel Jantzen
Title: Chief Operating Officer



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

Exhibit I – Health Insurance Portability and Accountability Act, Business Associate Agreement does not apply to this contract.



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

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

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

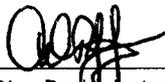
Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

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

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

Contractor Name: Mary Hitchcock Memorial Hospital dba Dartmouth-Hitchcock

1/13/15
Date


Name: Daniel Jantzen
Title: Chief Operating Officer



FORM A

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

1. The DUNS number for your entity is: 069910297
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

_____ NO YES

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

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

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

_____ NO YES

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

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

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

Name: _____	Amount: _____

CERTIFICATE OF VOTE/AUTHORITY

I, Barbara J. Couch of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital, do hereby certify that:

1. I am the duly elected Secretary of the Board of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital, both of which conduct business as “Dartmouth-Hitchcock”;
2. The following is a true and accurate excerpt from the December 7th, 2012 Bylaws of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital:

ARTICLE I – Section A. Fiduciary Duty. Stewardship over Corporate Assets

“In exercising this [fiduciary] duty, the Board may, consistent with the Corporation’s Articles of Agreement and these Bylaws, delegate authority to the Board of Governors, Board Committees and various officers the right to give input with respect to issues and strategies, incur indebtedness, make expenditures, enter into contracts and agreements and take such other binding actions on behalf of the Corporation as may be necessary or desirable.”

3. Article I – Section A, as referenced above, provides authority for the chief officers, including the Chief Executive Officer, of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital to sign and deliver, either individually or collectively, on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.
4. Daniel P. Jantzen is the Chief Operating Officer and Executive Vice President for Operations of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital and therefore has the authority to enter into contracts and agreements on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.

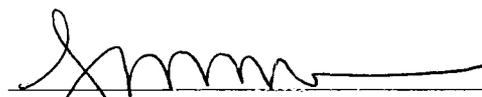
IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary of the Board of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital this 19 day of January, 2015.



Barbara J. Couch, Secretary

STATE OF NHCOUNTY OF GRAFTON

The foregoing instrument was acknowledged before me this 19 day of January, 2015 by Barbara J. Couch



Notary Public/Justice of the Peace
My Commission Expires: 1/29/19

JILL E. MORAVEC, Notary Public
My Commission Expires January 29, 2019

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 MARY HITCHCOCK MEMORIAL HOSPITAL is a New Hampshire nonprofit corporation formed August 7, 1889. 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 3rd day of September A.D. 2014

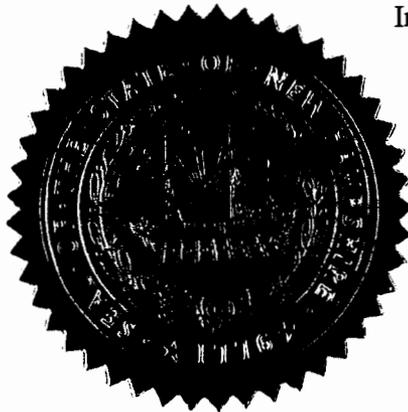
A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

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 DARTMOUTH-HITCHCOCK CLINIC is a New Hampshire nonprofit corporation formed March 1, 1983. 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 6th day of May A.D. 2014

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

William M. Gardner
Secretary of State

CERTIFICATE OF INSURANCE

DATE:
September 17, 2014
Re-Issue Date September 18, 2014

CONSULTANT
Hamden Assurance Risk Retention Group, Inc.
P.O. Box 1687
30 Main Street, Suite 330
Burlington, VT 05401

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

INSURED
Mary Hitchcock Memorial Hospital
1 Medical Center Drive
Lebanon, NH 03756-0001

COMPANY AFFORDING COVERAGE

Hamden Assurance Risk Retention Group, Inc.

COVERAGES

This is to certify that the Policies listed below have been issued to the Named Insured 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.

NOTICE: This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group.

TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
GENERAL LIABILITY		0002014-A	7/1/14	6/30/15	GENERAL AGGREGATE	\$NONE
X	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGGREGATE	
					PERSONAL ADV INJURY	
					EACH OCCURRENCE	\$2,000,000
X	CLAIMS MADE OCCURRENCE					
PROFESSIONAL LIABILITY						
OTHER						

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)
MARY HITCHCOCK MEMORIAL HOSPITAL EVIDENCE OF COVERAGE FOR GENERAL LIABILITY.

We have been advised by Deborah M. Johnson, MBA, Finance Division, Dartmouth-Hitchcock that Mary Hitchcock Memorial Hospital is entering into a contract with the State of New Hampshire who will provide funding for dental services to Dartmouth-Hitchcock's HIV patient population. Certificate of Insurance to be submitted to Elizabeth L. Biron, New Hampshire Department of Health & Human Services, 129 Pleasant Street, Concord, NH 03301.

Note: Re-Issue of Certificate of Insurance dated September 17, 2014, to reflect \$2,000,000 each occurrence.

CERTIFICATE HOLDER

New Hampshire Department of Health & Human Services
129 Pleasant Street
Concord, NH 03301
(Contact: Insurance Coordinator 603-653-1249)

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 DAYS written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

AUTHORIZED REPRESENTATIVES

Jeanine Jordan - Print

Certificate of Insurance

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON YOU THE CERTIFICATE HOLDER. THIS CERTIFICATE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW. POLICY LIMITS ARE NO LESS THAN THOSE LISTED, ALTHOUGH POLICIES MAY INCLUDE ADDITIONAL SUBLIMIT/LIMITS NOT LISTED BELOW.

This is to Certify that

Mary Hitchcock Memorial Hospital
One Medical Center Drive
Lebanon NH 03756-0001

NAME AND
ADDRESS
OF INSURED



Liberty Mutual.
INSURANCE

is, at the issue date of this certificate, insured by the Company under the policy(ies) listed below. The insurance afforded by the listed policy(ies) is subject to all their terms, exclusions and Conditions and is not altered by any requirement, term or condition of any contract or other document with respect to which this certificate may be issued.

TYPE OF POLICY	EXP DATE	POLICY NUMBER	LIMIT OF LIABILITY	
	<input type="checkbox"/> CONTINUOUS <input type="checkbox"/> EXTENDED <input checked="" type="checkbox"/> POLICY TERM			
WORKERS COMPENSATION	7/1/2015	WA7-61D-253624-044	COVERAGE AFFORDED UNDER WC LAW OF THE FOLLOWING STATES: All states except Monopolistic States	EMPLOYERS LIABILITY Bodily Injury by Accident \$1,000,000 Each Accident
				Bodily Injury By Disease \$1,000,000 Policy Limit
				Bodily Injury By Disease \$1,000,000 Each Person
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE			General Aggregate	
			Products / Completed Operations Aggregate	
			Each Occurrence	
			Personal & Advertising Injury	Per Person / Organization
			Other	Other
AUTOMOBILE LIABILITY <input type="checkbox"/> OWNED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED				Each Accident—Single Limit B.I. And F.D. Combined
				Each Person
				Each Accident or Occurrence
				Each Accident or Occurrence
OTHER				
ADDITIONAL COMMENTS				

* If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date.

NOTICE OF CANCELLATION: (NOT APPLICABLE UNLESS A NUMBER OF DAYS IS ENTERED BELOW.) BEFORE THE STATED EXPIRATION DATE THE COMPANY WILL NOT CANCEL OR REDUCE THE INSURANCE AFFORDED UNDER THE ABOVE POLICIES UNTIL AT LEAST _____ DAYS NOTICE OF SUCH CANCELLATION HAS BEEN MAILED TO:

Liberty Mutual
Insurance Group

Certificate Holder

Department of Health and Human Services
Contracts and Procurement Unit
129 Pleasant Street
Concord NH 03301

Karyn Lessard

Karyn Lessard

AUTHORIZED REPRESENTATIVE

BEDFORD / 0116
SUITE 100 10 CORPORATE DRIVE
BEDFORD NH 03110

603-472-7100

9/5/2014

OFFICE

PHONE

DATE ISSUED



Mission, Vision, & Values

Our Mission

We advance health through research, education, clinical practice, and community partnerships, providing each person the best care, in the right place, at the right time, every time.

Our Vision

Achieve the healthiest population possible, leading the transformation of health care in our region and setting the standard for our nation.

Values

- Respect
- Integrity
- Commitment
- Transparency
- Trust
- Teamwork
- Stewardship
- Community

Dartmouth-Hitchcock and Subsidiaries

**Combined Financial Statements
Year Ended June 30, 2013 and Nine Months Ended
June 30, 2012**

Dartmouth-Hitchcock and Subsidiaries
Index
Year Ended June 30, 2013 and Nine Months Ended June 30, 2012

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Report of Independent Auditors

To the Board of Trustees of
Dartmouth-Hitchcock and Subsidiaries

We have audited the accompanying combined financial statements of Dartmouth-Hitchcock and Subsidiaries (Dartmouth-Hitchcock), which comprise the combined balance sheets as of June 30, 2013 and June 30, 2012, and the related combined statements of operations and changes in net assets and of cash flows for the year ended June 30, 2013 and nine months ended June 30, 2012.

Management's Responsibility for the Combined Financial Statements

Management is responsible for the preparation and fair presentation of the combined financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of combined 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 the combined financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to Dartmouth-Hitchcock's preparation and fair presentation of the combined 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 Dartmouth-Hitchcock'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 combined 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 combined financial statements referred to above present fairly, in all material respects, the financial position of Dartmouth-Hitchcock and Subsidiaries at June 30, 2013 and June 30, 2012, and the results of their operations and changes in net assets and of their cash flows for the year ended June 30, 2013 and nine months ended June 30, 2012 in accordance with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the combined financial statements taken as a whole. The combining information is the responsibility of management and was derived from

and relates directly to the underlying accounting and other records used to prepare the combined financial statements. The combining information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the combining information is fairly stated, in all material respects, in relation to the combined financial statements taken as a whole. The combining information is presented for purposes of additional analysis of the combined financial statements rather than to present the financial position, results of operations and cash flows of the individual companies and is not a required part of the combined financial statements. Accordingly, we do not express an opinion on the financial position, results of operations and cash flows of the individual companies.

PricewaterhouseCoopers LLP

November 22, 2013

Dartmouth-Hitchcock and Subsidiaries
Combined Balance Sheets
June 30, 2013 and 2012

<i>(in thousands of dollars)</i>	2013	2012
Assets		
Current assets		
Cash and cash equivalents	\$ 46,245	\$ 59,510
Patient accounts receivable, net of estimated uncollectibles of \$57,844 at June 30, 2013 and \$57,585 at June 30, 2012 (Notes 4 and 5)	171,131	165,378
Prepaid expenses and other current assets (Notes 3, 14)	<u>78,844</u>	<u>77,833</u>
Total current assets	296,220	302,721
Assets limited as to use (Notes 6, 8, and 11)	558,466	520,978
Other investments for restricted activities (Notes 6 and 8)	97,087	99,282
Property, plant, and equipment, net (Note 7)	457,635	444,598
Other assets (Note 3)	<u>54,394</u>	<u>47,614</u>
Total assets	<u>\$ 1,463,802</u>	<u>\$ 1,415,193</u>
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt (Note 11)	\$ 11,963	\$ 9,675
Current portion of liability for pension and other postretirement plan benefits (Note 12)	5,666	7,639
Accounts payable and accrued expenses (Note 14)	73,815	68,585
Accrued compensation and related benefits	111,474	99,782
Estimated third-party settlements (Note 5)	<u>21,483</u>	<u>22,386</u>
Total current liabilities	224,401	208,067
Long-term debt, excluding current portion (Note 11)	544,125	407,711
Insurance deposits and related liabilities (Note 13)	83,609	95,866
Interest rate swaps (Notes 8 and 11)	22,285	29,006
Liability for pension and other postretirement plan benefits (Note 12)	<u>173,182</u>	<u>410,587</u>
Total liabilities	<u>1,047,602</u>	<u>1,151,237</u>
Net assets		
Unrestricted	330,698	171,098
Temporarily restricted (Notes 9 and 10)	54,247	61,849
Permanently restricted (Notes 9 and 10)	<u>31,255</u>	<u>31,009</u>
Total net assets	416,200	263,956
Commitments and contingencies (Notes 5, 7, 8, 11, 14, and 16)	-	-
Total liabilities and net assets	<u>\$ 1,463,802</u>	<u>\$ 1,415,193</u>

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

Dartmouth-Hitchcock and Subsidiaries
Combined Statements of Operations and Changes in Net Assets
Year Ended June 30, 2013 and Nine Months Ended June 30, 2012

<i>(in thousands of dollars)</i>	2013	2012
Unrestricted revenue and other support		
Net patient service revenue, net of provision for bad debt (\$40,042 in 2013; \$25,394 in 2012) (Notes 4 and 5)	\$ 1,173,531	\$ 863,095
Contracted revenue (Note 2)	88,293	47,856
Other operating revenue (Notes 2, 5, 6, and 14)	47,085	35,174
Net assets released from restrictions	<u>13,214</u>	<u>10,349</u>
Total unrestricted revenue and other support	<u>1,322,123</u>	<u>956,474</u>
Operating expenses		
Salaries	638,379	447,859
Employee benefits	199,455	152,074
Medical supplies and medications	175,323	126,416
Purchased services and other	140,538	112,910
Medicaid enhancement tax (Note 5)	38,261	32,798
Medical school financial support	5,480	6,000
Depreciation and amortization	53,567	39,233
Interest (Note 11)	19,243	12,614
Expenditures relating to net assets released from restrictions	<u>13,214</u>	<u>10,349</u>
Total operating expenses	<u>1,283,460</u>	<u>940,253</u>
Operating income	<u>38,663</u>	<u>16,221</u>
Nonoperating gains (losses)		
Investment gains (Notes 6 and 11)	33,931	32,031
Loss on advance refunding (Note 11)	(3,500)	-
Other losses	<u>(2,303)</u>	<u>(4,390)</u>
Total nonoperating gains, net	<u>28,128</u>	<u>27,641</u>
Excess of revenue over expenses	<u>\$ 66,791</u>	<u>\$ 43,862</u>

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

Dartmouth-Hitchcock and Subsidiaries
Combined Statements of Operations and Changes in Net Assets
Year Ended June 30, 2013 and Nine Months Ended June 30, 2012

<i>(in thousands of dollars)</i>	2013	2012
Unrestricted net assets		
Excess of revenue over expenses	\$ 66,791	\$ 43,862
Other changes in net assets (Note 3)	3,192	-
Net assets released from restrictions	2,760	1,068
Change in funded status of pension and other postretirement benefits (Note 12)	81,169	(24,188)
Change in fair value on interest rate swaps (Note 11)	5,688	(1,683)
Increase in unrestricted net assets	<u>159,600</u>	<u>19,059</u>
Temporarily restricted net assets		
Gifts, bequests, and sponsored activities	8,378	9,559
Other changes in net assets	136	-
Investment (losses) gains	(693)	1,760
Change in net unrealized gains on investments	551	1,936
Net assets released from restrictions	<u>(15,974)</u>	<u>(11,417)</u>
(Decrease) increase in temporarily restricted net assets	<u>(7,602)</u>	<u>1,838</u>
Permanently restricted net assets		
Gifts and bequests	<u>246</u>	<u>21</u>
Increase in permanently restricted net assets	<u>246</u>	<u>21</u>
Change in net assets	152,244	20,918
Net assets		
Beginning of year	<u>263,956</u>	<u>243,038</u>
End of year	<u>\$ 416,200</u>	<u>\$ 263,956</u>

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

Dartmouth-Hitchcock and Subsidiaries
Combined Statements of Cash Flows
Year Ended June 30, 2013 and Nine Months Ended June 30, 2012

<i>(in thousands of dollars)</i>	2013	2012
Cash flows from operating activities:		
Change in net assets	\$ 152,244	\$ 20,918
Adjustments to reconcile change in net assets to net cash (used) provided by operating and nonoperating activities		
Change in fair value of interest rate swaps	(6,721)	2,238
Provision for bad debt	40,042	25,394
Depreciation and amortization	53,907	39,584
Change in funded status of pension and other postretirement benefits	(81,169)	24,188
(Gain) loss on disposal of fixed assets	(109)	870
Loss on advance refunding of debt	3,500	-
Net realized gains and change in net unrealized gains on investments	(31,317)	(30,567)
Restricted contributions	(8,624)	(9,580)
Changes in assets and liabilities		
Patient accounts receivable, net	(45,795)	(36,478)
Prepaid expenses and other current assets	(1,011)	4,495
Other assets, net	(9,779)	(1,998)
Accounts payable and accrued expenses	(9,440)	(9,062)
Accrued compensation and related benefits	11,693	408
Estimated third-party settlements	(903)	(105)
Insurance deposits and related liabilities	(12,257)	2,163
Liability for pension and other postretirement benefits	(158,209)	14,859
Net cash (used) provided by operating and nonoperating activities	<u>(103,948)</u>	<u>47,327</u>
Cash flows from investing activities:		
Purchase of property, plant, and equipment	(52,438)	(51,774)
Change in assets limited as to use - held by trustee	(4,820)	(19,298)
Purchases of investments	(264,794)	(88,599)
Proceeds from maturities and sales of investments	265,867	112,508
Net cash used by investing activities	<u>(56,185)</u>	<u>(47,163)</u>
Cash flows from financing activities:		
Proceeds from line of credit	20,000	30,000
Payments on line of credit	(20,000)	(30,000)
Repayment of long-term debt	(127,406)	(1,012)
Proceeds from issuance of debt	266,170	-
Payment of debt issuance costs	(520)	-
Restricted contributions	8,624	9,580
Net cash provided by financing activities	<u>146,868</u>	<u>8,568</u>
(Decrease) increase in cash and cash equivalents	(13,265)	8,732
Cash and cash equivalents:		
Beginning of year	59,510	50,778
End of year	<u>\$ 46,245</u>	<u>\$ 59,510</u>
Supplemental cash flow information:		
Interest paid	\$ 24,784	\$ 10,904
Construction in progress amounts included in accounts payable and accrued expenses	14,670	6,230
Equipment acquired through issuance of capital lease obligations	212	150

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



Name	Title (if officer, otherwise please write trustee/director)	Begin Term	End Term
Vincent S. Conti	Trustee	8/13/2009	12/31/2021
Barbara Couch	Trustee	3/25/2009	12/31/2021
Michael J. Goran, MD	Trustee	1/1/2006	12/31/2017
Alan C Keiller	Trustee/Board Treasurer	2004	12/31/2015
Jennie L Norman	Trustee/Board Secretary	2006	12/31/2017
Hugh C. Smith, MD	Trustee	2006	12/31/2017
Anne-Lee Verville	Trustee	12/31/2008	12/31/2020
Wiley Souba, MD, ScD	Trustee/Ex-Officio, Dean DMS	10/1/2010	Ex-Officio
Richard S. Shreve	Trustee/Ex Officio President Appointee	1/1/2005	12/31/2016
William J. Conaty	Trustee	6/1/2011	5/31/2023
William W. Helman, IV	Trustee	4/28/2011	12/31/2023
Robert A. Oden, Jr., PhD	Trustee/Board Chair Eff 1/1/2013	1/27/2011	12/31/2023
James Weinstein	Trustee/Ex-Officio/President	11/14/2011	Ex-Officio

4.2.2

Edward Jonathan Merrens, MD, MS
Curriculum Vitae – April 2014

ADDRESSES:

Office:

Dartmouth-Hitchcock Medical Center
One Medical Center Drive
Lebanon, New Hampshire 03756 USA
edward.j.merrens@hitchcock.org

Home:

Post Office Box 1217
96 Meetinghouse Road
Norwich, Vermont 05055 USA

EDUCATION:

DATE	DEGREE	INSTITUTION
2013	Masters in Healthcare Delivery Science (MS)	Tuck School of Business and the Geisel School of Medicine, Dartmouth College, Hanover, NH
1994	Medical Doctor (MD)	Dartmouth Medical School, Hanover, NH (Geisel School of Medicine at Dartmouth)
1988	Bachelor of Arts (BA)	Dartmouth College, Hanover, NH

POSTDOCTORAL TRAINING:

DATE	SPECIALTY	INSTITUTION
1997 - 1998	Internal Medicine, Chief Resident	University of Washington, Seattle, WA
1995 - 1997	Internal Medicine Residency	University of Washington, Seattle, WA
1994 - 1995	Internal Medicine Internship	University of Washington, Seattle, WA

LICENSURE AND CERTIFICATION:

DATE	LICENSURE	CERTIFICATION
1994 - 1998	Washington State Medical License	not renewed
1997 - 2017	American Board of Internal Medicine	Diplomate - No. 176490
1998	New Hampshire Medical License	No. 10335
2013 - 2015	Basic Life Support (CPR/AED)	
2009	Advanced Cardiac Life Support (ACLS)	

ACADEMIC APPOINTMENTS:

DATE	ACADEMIC TITLE	INSTITUTION
1999	Assistant Professor	Geisel School of Medicine at Dartmouth, Hanover, NH
1998	Instructor in Medicine	Dartmouth Medical School, Hanover, NH
1997	Acting Instructor	University of Washington Department of Medicine

HOSPITAL APPOINTMENTS:

DATE	TITLE	INSTITUTION
1998 - 2002	Director, Consult Service	General Internal Medicine, DHMC
2000 - 2010	Medical Director, Inpatient Medicine 1E/3E	Dartmouth-Hitchcock Medical Center (DHMC)
2001 - 2002	Associate Section Chief	General Internal Medicine, DHMC
2002 - 2004	Director, Inpatient Affairs	General Internal Medicine, DHMC
2005 - 2010	Associate Program Director	Department of Medicine, DHMC
2005 - 2012	Section Chief, Hospital Medicine	Department of Medicine, DHMC
2010 - 2012	Medical Director, Inpatient Services	Dartmouth-Hitchcock Medical Center (DHMC)
2012 - Present	Chief Medical Officer	Dartmouth-Hitchcock Medical Center (DHMC)

OTHER PROFESSIONAL POSITIONS:

DATE	POSITION/TITLE	INSTITUTION/ORGANIZATION
1998 - Present	Team Physician, Medical Director	United States Biathlon Association (USBA)
1998 - Present	Team Physician	United States Olympic Committee (USOC)

MAJOR COMMITTEE ASSIGNMENTS AND CONSULTATIONS:

National/International:

YEAR	COMMITTEE	ROLE	INSTITUTION
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2001	United States Olympic Committee	MD	21 st World University Games - Beijing, China
2002	United States Olympic Committee	MD	2002 Olympic Winter Games - Salt Lake City, USA
2006	United States Olympic Committee	MD	2006 Olympic Winter Games - Torino, Italy
2010	United States Olympic Committee	MD	2010 Olympic Winter Games - Vancouver, Canada
2012	Biathlon World Championships	MD	Ruhpolding, Germany
2014	United States Olympic Committee	MD	2014 Olympic Winter Games – Sochi, Russia

Regional:

YEAR	COMMITTEE	ROLE	INSTITUTION
2012 - 2013	Vermont Hospitalist Leaders	Member	Dartmouth-Hitchcock Medical Center

Institutional:

YEAR	COMMITTEE	ROLE	INSTITUTION
1998 – 2002	Internship Advisory	Chair	Dartmouth Medical School
1999	Section of Nephrology, Search	Member	Dartmouth-Hitchcock Medical Center
1999	Section of Dermatology Search	Member	Dartmouth-Hitchcock Medical Center
1999 – 2002	Continuing Medical Education	Member	Dartmouth-Hitchcock Medical Center
2000 – 2002	Restraints	Co-Chair	Dartmouth-Hitchcock Medical Center
2000 – 2011	House staff Quality Assurance	Member	Dartmouth-Hitchcock Medical Center
2001	Section of Emergency Medicine Search	Member	Dartmouth-Hitchcock Medical Center
2001- 2006	Dept of Medicine Education	Member	Dartmouth-Hitchcock Medical Center
2001- 2002	Point of Care Testing	Member	Dartmouth-Hitchcock Medical Center
2002 - 2003	General Internal Medicine Search	Member	Dartmouth-Hitchcock Medical Center
2002 - 2008	Inpatient Capacity and Flow	Member	Dartmouth-Hitchcock Medical Center
2003 – Present	Compensation	Member	Dartmouth-Hitchcock Medical Center
2003 – 2005	Ad hoc Committee on Compensation	Member	Dartmouth-Hitchcock Medical Center
2004 – 2008	Computer Information System Steering	Member	Dartmouth-Hitchcock Medical Center
2005 – 2010	Medication Reconciliation	Member	Dartmouth-Hitchcock Medical Center
2006 – 2012	DHMC Board of Governors	Member	Dartmouth-Hitchcock Medical Center
2007	DHMC Anticoagulation Task Force	Member	Dartmouth-Hitchcock Medical Center
2008	Dept. of Orthopedics Vice-Chair Search	Member	Dartmouth-Hitchcock Medical Center
2008	Section of Pulmonary Medicine, Search	Member	Dartmouth-Hitchcock Medical Center
2008 – 2010	Clinical Practice	Member	Dartmouth-Hitchcock Medical Center
2008 – 2010	Community Acquired Pneumonia	Chair	Dartmouth-Hitchcock Medical Center
2008 – 2012	Board of Trustees	Member	Dartmouth-Hitchcock Medical Center
2008 – 2012	Assembly of Overseers	Member	Dartmouth-Hitchcock Medical Center
2008 – 2012	Board of Trustees - Finance	Member	Dartmouth-Hitchcock
2008 – 2012	Board of Trustees - Quality Credentials	Member	Dartmouth-Hitchcock
2009	Board of Trustees - Ad Hoc	Member	Dartmouth-Hitchcock Health (DHH)
2010	Dept of Orthopedics, Residency Review	Chair	Dartmouth-Hitchcock Medical Center
2010	Section of Dermatology, Internal Review	Member	Dartmouth-Hitchcock Medical Center
2010 - Present	Quality and Value Committee	Member	Dartmouth-Hitchcock Medical Center
2010 – Present	Ambulatory, Perioperative and Inpatient	Member	Dartmouth-Hitchcock Medical Center
2010 – Present	Access, Capacity and Throughput	Member	Dartmouth-Hitchcock Medical Center
2012 – Present	Critical Care Redesign	Facilitator	Dartmouth-Hitchcock Medical Center
2011 – Present	Inpatient Hospice Care	Member	Dartmouth-Hitchcock Medical Center
2011 – 2013	Wound Care Program	Leader	Dartmouth-Hitchcock Medical Center
2012 – Present	Readmissions Reduction HEN	Member	Dartmouth-Hitchcock Medical Center
2013 – Present	One-DH Credentialing Project	Leader	Dartmouth-Hitchcock Medical Center
2013 – Present	Section of Hospital Medicine, Search	Member	Dartmouth-Hitchcock Medical Center
2013 – Present	Section of Palliative Med, Search	Member	Dartmouth-Hitchcock Medical Center
2013 – Present	Compensation Redesign Committee	Leader	Dartmouth-Hitchcock Medical Center
2013 – Present	Board of Trustees - Finance	Member	Dartmouth-Hitchcock
2014 – Present	Bylaws Redesign	Leader	Dartmouth-Hitchcock Medical Center
2014 – Present	Institutional Ethics Committee	Member	Dartmouth-Hitchcock Medical Center
2014 – Present	Enhancement Advisory Group for GME	Member	Dartmouth-Hitchcock Medical Center

MEMBERSHIP, OFFICE & COMMITTEE ASSIGNMENTS IN PROFESSIONAL SOCIETIES:

DATE	SOCIETY	ROLE
1995 – Present	American College of Physicians	Member
1998 – Present	New Hampshire Medical Society	Member
1998 – Present	Grafton County Medical Society	Member
1999 – Present	Society of General Internal Medicine	Member
1999 – Present	American College of Sports Medicine	Member
2000 – Present	United States Olympic Committee	Sports Medicine Society Member
2001 – 2009	Society of Hospital Medicine (SHM)	Member
2007 – 2008	Society of Hospital Medicine (SHM)	Academic Task Force
2010 - Present	Society of Hospital Medicine (SHM)	Fellow in Hospital Medicine (FHM)

EDITORIAL BOARDS:

DATE	ROLE	BOARD NAME
1991-1994	Editorial Board	Dartmouth Medicine Magazine
1999 – 2002	Reviewer	Journal of General Internal Medicine (JGIM)
1998	Reviewer	British Medical Journal, Reviewer for Clinical Evidence
2000 – Present	Associate Editor	Annals of Internal Medicine
2007	Reviewer	Oxford Press – Handbook Clinical Medicine/Acute Medicine

AWARDS AND HONORS:

DATE	AWARD
1994	Upjohn Achievement Award, Dartmouth Medical School
1994 - 1995	Intern of the Year – University of Washington Department of Medicine
1995 – 1996	Award for Excellence in Internal Medicine – University of Washington Department of Medicine
1996 – 1997	Outstanding Resident of the Year - University of Washington Department of Medicine
2008	Arnold P. Gold Humanism in Medicine Honor Society Award, Dartmouth Medical School
2005 - 2012	Department of Medicine Excellence in Teaching Awards
2006	Excellence in Teaching Award, Dartmouth Medical School Class of 2007
2010	Alpha Omega Alpha (AOA) – Honor Medical Society
2011- 2013	New Hampshire Magazine’s Top Doctors (Hospitalist)

JOURNAL REFEREE ACTIVITIES:

DATE	JOURNAL NAME
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Other Activities:

TEACHING EXPERIENCE/CURRENT TEACHING RESPONSIBILITIES:

Dartmouth Medical School:

DATE	TEACHING
1998 – Present	Inpatient Medical Service teaching with 3 rd year Medical students on Medical clerkship rotation
2004 – Present	Inpatient Hospitalist Service teaching with 4 th year DMS Sub-Interns

Dartmouth-Hitchcock Medical Center:

1998 – Present	Inpatient Medical Service teaching with Interns and Residents on the inpatient teaching service
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INVITED PRESENTATIONS:

Regional:

DATE	TOPIC	ORGANIZATION	LOCATION
4/25/2014	Promoting Professional Accountability: Dealing with Behaviors that Undermine A Culture of Safety; Guest speaker	Vanderbilt Medical Center Center for Patient & Professional Advocacy	Hanover, NH

4/23/2014	The Hospitalists Role in Developing a Sustainable Health System: Moving from Volume to Value Grand Rounds Speaker	Newton-Wellesley Hospital	Newton, MA
4/11/2014	Planning for Death: Ethics and Legalities Guest Speaker	Dartmouth Ilead Course	Hanover, NH
4/5/2014	The Dartmouth Symposium on Health Care Delivery Science, Panel Speaker	Dartmouth College, MHCDS The Tuck School of Business	Hanover, NH
9/27/2013	Health Care Reform: Vermont and New Hampshire Leading the Debate	Geisel School of Medicine	Lebanon, NH
7/20/2013	Leadership Panel	MHCDS Summer Residency	Hanover, NH
5/30/2013	Accountable Care and Hospitalists	Springfield Hospital Grand Rounds	Springfield, VT
10/23/2012	Hospital Medicine, history and impact on care delivery and Accountable care	New London Hospital Grand Rounds	New London, NH
10/10/2012	Emergency Medicine, Accountable Care and the regional role of DH	DHMC Emergency Medicine Resident Conference	DHMC, Lebanon, NH
6/12/2012	Hospital Medicine - Opportunities and Challenges in Healthcare Delivery	Valley Regional Hospital Grand Rounds	Claremont, NH
1/19/2012	Doctors, Sections, Boards and Everything in Between	Volunteer Auxiliary Board	DHMC, Lebanon, NH
5/13/2010	Hepatorenal Syndrome: Understanding and Managing the Renal Dysfunction of Cirrhosis	General Internal Medicine Educational Conference	DHMC, Lebanon, NH
3/14/2010	Advanced Communication Skills for the Inpatient Physician	Dartmouth Medical School Advanced Medical Science Course	DHMC, Lebanon, NH
4/22/2010	Alumni Share Knowledge Forum "The Practice: Diverse Pathways"	Dartmouth Medical School	DHMC, Lebanon, NH
2/19/2009	The Evolution of Inpatient Care	Clinical Practice Committee	DHMC, Lebanon, NH
1/31/2009	Health and Nutrition for Nordic Ski Performance	Ford Sayre Ski Council	Hanover, NH
12/8/2008	Exercise Induced Asthma and Bronchospasm in Nordic Skiers	Noon talk	DHMC, Lebanon, NH
National: DATE	TOPIC	ORGANIZATION	LOCATION
5/17/2013	Accountable Care and Hospitalist	Society for Hospital Medicine	Washington, DC
5/21/2010	Nutrition for Performance	United States Biathlon team and Olympic officials	Lake Placid, NY

2009	Altitude Training: Hypoxic Training and Athletic Performance	United States Biathlon team	Lake Placid, NY
10/24/2009	Medical care of the Biathlete	United States Biathlon team	Lake Placid, NY
3/3/2009	Medical Care of the Elite Winter Athlete	New England Medical Assn 52 nd Annual Conference	Stowe, VT
2008	Effect of an Inpatient Anticoagulation Service on Improving the Safe Use of Warfarin Sodium	Society of Hospital Medicine Annual Meeting	San Diego, CA
6/14/2008	Medical care of the Biathlete	United States Biathlon team and US Olympic Committee	Lake Placid, NY
International:			
DATE	TOPIC	ORGANIZATION	LOCATION
11/29/2008	Medical care of the Biathlete	IBU World Cup	Ostersund, Sweden
11/29/2008	Nutrition for Performance in Biathlon	IBU World Cup	Ostersund, Sweden

MAJOR RESEARCH INTERESTS:

RESEARCH FUNDING: (Be sure to include dates, amounts, whether you are PI or co-PI)

Past:

1. DHMC Quality Research Grant, 2007-8 - Inpatient Anticoagulation, Principle Investigator

BIBLIOGRAPHY:

Journal Articles:

1. Zlotnick D, Merrens E, Fingar E, et al. 69-year-old male presenting with hypotension and anasarca. *Am J Hematol* 2008;83:311–314.
2. Zlotnick D, Merrens E, Fingar E, et al. Intravascular lymphoma as a recurrence of testicular Non-Hodgkin's lymphoma confirmed by polymerase chain reaction. *Am J Hematol* 2008;83:681-682.
3. Lurie JD, Merrens EM, Lee J, Splaine ME. An Approach to Hospital Quality Improvement. *Medical Clinics of North America*, 2002
4. Merrens EJ, Peart DR. Effects of Hurricane Damage on Individual Growth and Stand Structure in a Hardwood Forest in New Hampshire, USA. *Journal of Ecology* 1992;80:787-795.

Original Articles:

1. Merrens, EJ, Meeting 24/7 Demands, *Dartmouth Medicine Magazine* – Page 31, Summer 2005

Letters to the Editor:

1. Sheffield JV, Merrens EJ. More about Thrombotic Thrombocytopenic Purpura. Letter, *New Engl J Med*. 1998 Feb 19; 338(8):548

Book Chapters:

1. Merrens, EJ (Chapter on Biliary disease), Glasheen J (Editor) *Hospital Medicine Secrets*. Elsevier Publishing (2006)

Updated: 4/24/2014

4.2.3 Medical License

Change of Address must be reported in writing to:
New Hampshire Board of Medicine
121 South Fruit Street - STE 301
Concord, NH 03301-2412 (Chapt. 329:16f)

EDWARD J MERRENS, MD
DHMC - HOSPITAL MEDICINE
ONE MEDICAL CENTER DR
LEBANON NH 03756

State of New Hampshire
BOARD OF MEDICINE

EDWARD J MERRENS, MD

License #: 10335
Issued: 7/1/1998



has been duly registered to practice medicine
in this state through

6/30/2016

Mark Sullivan P.A.-C
President

REC'D APR 25 2014

SM

MARY HITCHCOCK MEMORIAL HOSPITAL DBA DARTMOUTH HITCHCOCK

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
James Weinstein, MD	Chief Executive Officer	\$1,250,000	0.0%	\$ 0.00
Robin Kilfeather-Mackey	Chief Financial Officer	\$525,0785	0.0%	\$ 0.00
Daniel Jantzen	Chief Operating Officer	\$525,000	0.0%	\$ 0.00
Edward Merrens, MD	Chief Medical Officer	\$375,000	0.0%	\$ 0.00