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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Jeffrey A. Meyers
Commissioner

Marcella Jordan Bobinsky
Acting Director

October 28, 2016

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend existing **sole source** agreements with the two (2) vendors bolded in the table below for the continued provision of primary care services, breast and cervical cancer screening services, and brief intervention and referral to treatment for alcohol and drug misuse, by decreasing the total price limitation by $32,032 from $19,129,212 to $19,097,180, effective upon the date of Governor and Executive Council approval through June 30, 2017. 100% Federal Funds.

These agreements were originally approved by Governor and Council on June 20, 2012, Item #133 and Item #127, and subsequently amended on May 8, 2014, Item #34A, and again on June 24, 2015, Item #58.

Vendor & Vendor Number	Location	Current Modified Budget	Increase (Decrease) Amount	Modified Budget Amount
Ammonoosuc Community Hlth Svcs, Inc.	No. Grafton/ So. Coos	1,208,566	0	1,208,566
Concord Hospital, Inc.	**Merrimack/ Hillsborough**	**1,781,135**	**(29,540)**	**1,751,595**
Coos County Family Health Services	Eastern Coos	798,371	0	798,371
Families First of the Greater Seacoast	Seacoast Area	1,130,831	0	1,130,831
Families First of the Greater Seacoast	Seacoast Area - Homeless	458,638	0	458,638
Goodwin Community Health Center	Strafford County	1,920,915	0	1,920,915
Harbor Homes	Southern Hillsborough County - Homeless	434,438	0	434,438
Health First Family Care Center	Central/Eastern Belknap	1,334,771	0	1,334,771
Indian Stream Health Center	Northern Coos	498,394	0	498,394
Lamprey Health Care	Central Southern/Eastern NH	2,995,708	0	2,995,708
Manchester Community Health Center	Greater Manchester	2,486,564	0	2,486,564
Manchester Health Department.	Grtr Manchester - Homeless	482,374	0	482,374
Mid-State Health Center r	Central Northern Belknap	851,673	0	851,673
New London Hospital Assoc, Inc.	Sullivan County	1,075,342	0	1,075,342
Weeks Medical Center	Western Coos	599,190	0	599,190
White Mountain Community Hlth Ctr	**Northern Carroll**	**1,072,302**	**(2,492)**	**1,069,810**
		$19,129.212	($32,032)	$19,097,180

Funds in the attached financial detail are available in the accounts for SFY 2017, with authority to adjust amounts within the price limitation without approval from Governor and Executive Council.

See attachment for financial details

EXPLANATION

This package includes two (2) of sixteen (16) contracts being amended. This request is for **sole source** approval because the last amendments extended the contracts beyond the renewal period envisioned in the original contract and added to the original scope of services.

The purpose of these two amendments is to reduce Breast and Cervical Cancer Program funding in State Fiscal Year 2017 due to a reduction in available federal funds, and to adjust encumbrances between State Fiscal Years 2016 and 2017 for Screening, Brief Intervention, and Referral to Treatment (SBIRT) services related to substance misuse. The Screening, Brief Intervention, and Referral to Treatment services were a new requirement in SFY 2016 and SFY 2017. Due to delays in start-up of these services, not all activities planned in the first year were met. Adjusting these funds between State Fiscal Years will allow the vendors to fully perform the deliverables of these services.

Community health centers provide primary health care services that include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. These vendors deliver primary and preventive health care services to underserved people who face barriers to accessing health care due to issues such as a lack of insurance, inability to pay, language barriers and geographic isolation.

In addition to medical care, community health centers are unique among primary care providers for the array of enabling patient-centered services such as care coordination, translation services, transportation, outreach, eligibility assistance, and health education. These services assist individuals to overcome barriers to obtaining the care they need to achieve their optimal health.

With the reduction in funds, the required number of women screened is reduced, however, breast and cervical cancer screening services will continue as part of the preventative health care services in the community health care centers. Breast and cervical cancer screening services include clinical examinations, pap tests and referral for mammography. Through these services, individuals with abnormal test results receive additional coverage or diagnostic work-ups and, if necessary, coordination of care from initial diagnosis through obtaining necessary treatment.

The vendors, through these amendments, will continue to provide screening, brief intervention and referral to treatment services for early identification of problematic drug and alcohol use of individuals receiving primary care services. Developing the infrastructure to provide these additional services will enable community health centers to refer those individuals who need specialized treatment to other community service agencies, which will result in optimal coordination and continuity of care.

Vendors will continue to train staff, hire new medical assistants and/or qualified behavioral health staff necessary to institute and/or review screening, brief intervention and referral to treatment services. Staff training will include the integration of primary care and behavioral health teams to ensure program activities are conducted with fidelity to the Screening, Brief Intervention and Referral to Treatment model adopted by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Vendors will also purchase supplies and equipment that will be used specifically for integrating these services into everyday practices. Additionally, the vendors will utilize funding to support activities that will assist with building, modifying and/or enhancing technology based care approaches and electronic health record systems in order to include, extend, track and record these additional mental health services.

A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. These agreements provide funds to community health centers for services as a last resort. Vendors are required to make every effort to bill all other payers including but not limited to private and commercial insurances, Medicare, and Medicaid prior to billing the Department through these contracts.

Should Governor and Executive Council not authorize this request, funds to support women receiving recommended breast and cervical cancer screenings may not be reimbursable to the Contractors, due to the reduction of federal funds.

Area Served: Statewide.

Source of Funds: 100% Federal Funds are being reduced from the US Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds, .CFDA #93.752, FAIN # U58DP003930.

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

Respectfully submitted,

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

Katja S. Fox
Director
Division for Behavioral Health

Approved by:

Jeffrey A. Meyers
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH
7.2% Federal Funds and 92.8% General Funds (CFDA # 93.994 (FAIN# B04MC28113)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001 — PO #1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	142,819.00	-	142,819.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	142,819.00	-	142,819.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	42,661.00	-	42,661.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	213,921.00	-	213,921.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	199,701.00	-	199,701.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	199,701.00	-	199,701.00
			Sub-Total	941,622.00	-	941,622.00

Concord Hospital, Inc., Vendor # 177653-B011 — PO #1024253

Fiscal Year	185480	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	215,637.00	-	215,637.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	215,637.00	-	215,637.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	64,413.00	-	64,413.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	322,992.00	-	322,992.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	301,521.00	-	301,521.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	301,521.00	-	301,521.00
			Sub-Total	1,421,721.00	-	1,421,721.00

Coos County Family Health Services, Inc., Vendor # 155327-B001 — PO #1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	81,519.00	-	81,519.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	81,519.00	-	81,519.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	24,351.00	-	24,351.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	122,103.00	-	122,103.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	113,986.00	-	113,986.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	113,986.00	-	113,986.00
			Sub-Total	537,464.00	-	537,464.00

Families First of the Greater Seacoast Vendor # 166629-B001 — PO #1024254

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	140,243.00	-	140,243.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	140,243.00	-	140,243.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	41,892.00	-	41,892.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	210,063.00	-	210,063.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	196,099.00	-	196,099.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	196,099.00	-	196,099.00
			Sub-Total	924,639.00	-	924,639.00

FINANCIAL DETAIL ATTACHMENT SHEET

Primary Care Services

Families First of the Greater Seacoast - Homeless Vendor # 166629-B001 PO #1024338

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	57,562.00	-	57,562.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	57,562.00	-	57,562.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	17,194.00	-	17,194.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	86,219.00	-	86,219.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	80,488.00	-	80,488.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	80,488.00	-	80,488.00
			Sub-Total	379,513.00	-	379,513.00

Goodwin Community Health Vendor # 154703-B001 PO #1024256

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	248,712.00	-	248,712.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	248,712.00	-	248,712.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	74,293.00	-	74,293.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	372,533.00	-	372,533.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	347,769.00	-	347,769.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	347,769.00	-	347,769.00
			Sub-Total	1,639,788.00	-	1,639,788.00

Harbor Homes, Inc. Vendor # 155358-B001 PO #1024345

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	59,276.00	-	59,276.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	59,276.00	-	59,276.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	17,706.00	-	17,706.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	88,787.00	-	88,787.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	82,884.00	-	82,884.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	82,884.00	-	82,884.00
			Sub-Total	390,813.00	-	390,813.00

Health First Family Care Center, Vendor # 158221-B001 PO#1024257

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	187,367.00	-	187,367.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	187,367.00	-	187,367.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	55,968.00	-	55,968.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	280,648.00	-	280,648.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	261,991.00	-	261,991.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	261,991.00	-	261,991.00
			Sub-Total	1,235,332.00	-	1,235,332.00

Indian Stream Health Center, Vendor #165274-B001 PO #1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	60,359.00	-	60,359.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	60,359.00	-	60,359.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	18,030.00	-	18,030.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	90,409.00	-	90,409.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	84,399.00	-	84,399.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	84,399.00	-	84,399.00
			Sub-Total	397,955.00	-	397,955.00

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Lamprey Health Care, Inc., Vendor # 177677-R001 — PO #1024259

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	401,151.00	-	401,151.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	401,151.00	-	401,151.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	119,828.00	-	119,828.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	600,864.00	-	600,864.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	560,921.00	-	560,921.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	560,921.00	-	560,921.00
			Sub-Total	2,644,836.00	-	2,644,836.00

Manchester Community Health Center, Vendor # 157274-B001 — PO #1024260

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	239,002.00	-	239,002.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	239,002.00	-	239,002.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	71,392.00	-	71,392.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	357,989.00	-	357,989.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	636,144.00	-	636,144.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	636,144.00	-	636,144.00
			Sub-Total	2,179,673.00	-	2,179,673.00

Manchester Health Department Vendor # 177433-B009 — PO #1024348

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	61,162.00	-	61,162.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	61,162.00	-	61,162.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	18,270.00	-	18,270.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	91,611.00	-	91,611.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	85,522.00	-	85,522.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	85,522.00	-	85,522.00
			Sub-Total	403,249.00	-	403,249.00

Mid-State Health Center, Vendor # 158055-B001 — PO #1024350

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	117,175.00	-	117,175.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	117,175.00	-	117,175.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	35,001.00	-	35,001.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	175,511.00	-	175,511.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	163,843.00	-	163,843.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	163,843.00	-	163,843.00
			Sub-Total	772,548.00	-	772,548.00

The New London Hospital, Inc., Vendor # 177167-R005 — PO #1024262

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	132,457.00	-	132,457.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	132,457.00	-	132,457.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	39,566.00	-	39,566.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	198,401.00	-	198,401.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	185,212.00	-	185,212.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	185,212.00	-	185,212.00
			Sub-Total	873,305.00	-	873,305.00

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Weeks Medical Center, Vendor # 177171-R001 — PO #1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	69,137.00	-	69,137.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	69,137.00	-	69,137.00
SFY 2014	102-500371	Contracts for Program Svcs	90080400	20,652.00	-	20,652.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	103,557.00	-	103,557.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	96,673.00	-	96,673.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	96,673.00	-	96,673.00
			Sub-Total	455,829.00	-	455,829.00

White Mountain Community Health Center, Vendor # 174170-R001 — PO #1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	134,913.00	-	134,913.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	134,913.00	-	134,913.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	40,300.00	-	40,300.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	202,079.00	-	202,079.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	188,646.00	-	188,646.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	188,646.00	-	188,646.00
			Sub-Total	889,497.00	-	889,497.00
		5190	**SUB TOTAL**	**$16,087,784**	**$0**	**$16,087,784**

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER
100% Federal Funds (CFDA# 90.752) (FAIN #U58DP003930)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001 — PO #1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	32,608.00	-	32,608.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	32,608.00	-	32,608.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	30,251.00	-	30,251.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	21,176.00	-	21,176.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	21,176.00	-	21,176.00
			Sub-Total	137,819.00	-	137,819.00

Concord Hospital, Inc., Vendor # 177653-B011 — PO #1024253

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	60,067.00	-	60,067.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	60,067.00	-	60,067.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	53,385.00	-	53,385.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	53,385.00	-	53,385.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	53,385.00	(29,540.00)	23,845.00
			Sub-Total	280,289.00	(29,540.00)	250,749.00

FINANCIAL DETAIL ATTACHMENT SHEET

Primary Care Services

Coos County Family Health Services, Inc., Vendor # 155327-B001 — PO #1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	30,034.00	-	30,034.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	30,034.00	-	30,034.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	27,582.00	-	27,582.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	22,066.00	-	22,066.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	22,066.00	-	22,066.00
			Sub-Total	131,782.00	-	131,782.00

Families First of the Greater Seacoast Vendor # 166629-B001 — PO #1024338

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	30,034.00	-	30,034.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	30,034.00	-	30,034.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	32,031.00	-	32,031.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	35,234.00	-	35,234.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	35,234.00	-	35,234.00
			Sub-Total	162,567.00	-	162,567.00

Goodwin Community Health Vendor # 154703-B001 — PO #1024256

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	51,486.00	-	51,486.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	51,486.00	-	51,486.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	48,046.00	-	48,046.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	43,242.00	-	43,242.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	43,242.00	-	43,242.00
			Sub-Total	237,502.00	-	237,502.00

Health First Family Care Center, Vendor # 158221-B001 — PO#1024257

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	12,871.00	-	12,871.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	12,871.00	-	12,871.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	11,566.00	-	11,566.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	9,253.00	-	9,253.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	9,253.00	-	9,253.00
			Sub-Total	55,814.00	-	55,814.00

Indian Stream Health Center, Vendor #165274-B001 — PO #1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081		-	
SFY 2014	102-500731	Contracts for Program Svcs	90080081		-	
SFY 2015	102-500731	Contracts for Program Svcs	90080081		-	
SFY 2016	102-500731	Contracts for Program Svcs	90080081	10,677.00	-	10,677.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	10,677.00	-	10,677.00
			Sub-Total	21,354.00	-	21,354.00

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Lamprey Health Care, Inc., Vendor # 177677-R001 — PO #1024259

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	60,067.00	-	60,067.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	60,067.00	-	60,067.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	53,385.00	-	53,385.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	49,114.00	-	49,114.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	49,114.00	-	49,114.00
			Sub-Total	271,747.00	-	271,747.00

Manchester Community Health Center, Vendor # 157274-B001 — PO #1024348

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	47,196.00	-	47,196.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	47,196.00	-	47,196.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	49,648.00	-	49,648.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	59,613.00	-	59,613.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	59,613.00	-	59,613.00
			Sub-Total	263,266.00	-	263,266.00

The New London Hospital, Inc., Vendor # 177167-R005 — PO #1024262

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	29,175.00	-	29,175.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	29,175.00	-	29,175.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	26,692.00	-	26,692.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	18,685.00	-	18,685.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	18,685.00	-	18,685.00
			Sub-Total	122,412.00	-	122,412.00

Weeks Medical Center, Vendor # 177171-R001 — PO #1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90080081	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90080081	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90080081	7,118.00	-	7,118.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	7,118.00	-	7,118.00
			Sub-Total	14,236.00	-	14,236.00

White Mountain Community Health Center, Vendor # 174170-R001 — PO #1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	12,871.00	-	12,871.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	12,871.00	-	12,871.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	11,566.00	-	11,566.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	8,186.00	-	8,186.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	8,186.00	(2,492.00)	5,694.00
			Sub-Total	53,680.00	(2,492.00)	51,188.00
		5659	**SUB TOTAL**	**$1,752,468**	**($32,032)**	**$1,720,436**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-901010-5149 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
100% General Funds

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001 — PO #1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2017	102-500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	20,000.00	-	20,000.00

Coos County Family Health Services, Inc., Vendor # 155327-B001 — PO #1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2017	102-500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	20,000.00	-	20,000.00

Indian Stream Health Center, Vendor #165274-B001 — PO # 1024258 — PO #1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2017	102-500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	20,000.00	-	20,000.00

Weeks Medical Center, Vendor # 177171-R001 — PO #1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2017	102-500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	20,000.00	-	20,000.00

White Mountain Community Health Center, Vendor # 174170-R001 — PO #1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2017	102-500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	20,000.00	-	20,000.00
		5149	**SUB TOTAL**	**$100,000**	**$0**	**$100,000**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
100% General Funds

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001 — PO #1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2016	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2017	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
			Sub-Total	30,000.00	-	30,000.00

Coos County Family Health Services, Inc., Vendor # 155327-B001 — PO #1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2016	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2017	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
			Sub-Total	30,000.00	-	30,000.00

Indian Stream Health Center, Vendor #165274-B001 — PO #1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2016	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2017	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
			Sub-Total	30,000.00	-	30,000.00

Weeks Medical Center, Vendor # 177171-R001 — PO #1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2016	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2017	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
			Sub-Total	30,000.00	-	30,000.00

White Mountain Community Health Center, Vendor # 174170-R001 — PO # 1024263 — PO #1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2016	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2017	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
			Sub-Total	30,000.00	-	30,000.00
		7965	**SUB TOTAL**	**$150,000**	**$0**	**$150,000**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-049-491510-2990 DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES
80% Federal Funds 20% General Fund (CFDA # 93.959) (FAIN #T1010035-15)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001 — PO #1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	75,875.00	-	75,875.00
SFY 2017	102-500734	Contracts for Program Services	49156501	3,250.00	-	3,250.00
			Sub-Total	79,125.00	-	79,125.00

Concord Hospital, Inc., Vendor # 177653-B011 — PO #1024253

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	75,062.50	(4,062.50)	71,000.00
SFY 2017	102-500734	Contracts for Program Services	49156501	4,062.50	4,062.50	8,125.00
			Sub-Total	79,125.00	-	79,125.00

Coos County Family Health Services, Inc., Vendor # 155327-B001 — PO #1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	75,125.00	-	75,125.00
SFY 2017	102-500734	Contracts for Program Services	49156501	4,000.00	-	4,000.00
			Sub-Total	79,125.00	-	79,125.00

Families First of the Greater Seacoast Vendor # 166629-B001 — PO #1024254

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	43,500.00	-	43,500.00
SFY 2017	102-500734	Contracts for Program Services	49156501	125.00	-	125.00
			Sub-Total	43,625.00	-	43,625.00

FINANCIAL DETAIL ATTACHMENT SHEET

Primary Care Services

Families First of the Greater Seacoast (Homeless) Vendor # 166629-B001 — PO #1024338

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	79,000.00	-	79,000.00
SFY 2017	102-500734	Contracts for Program Services	49156501	125.00	-	125.00
			Sub-Total	79,125.00	-	79,125.00

Goodwin Community Health Vendor # 154703-B001 — PO #1024256

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	43,500.00	-	43,500.00
SFY 2017	102-500734	Contracts for Program Services	49156501	125.00	-	125.00
			Sub-Total	43,625.00	-	43,625.00

Health First Family Care Center, Vendor # 158221-B001 — PO#1024257

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	41,593.75	-	41,593.75
SFY 2017	102-500734	Contracts for Program Services	49156501	2,031.25	-	2,031.25
			Sub-Total	43,625.00	-	43,625.00

Indian Stream Health Center, Vendor #165274-B001 — PO #1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	24,960.00	-	24,960.00
SFY 2017	102-500734	Contracts for Program Services	49156501	4,125.00	-	4,125.00
			Sub-Total	29,085.00	-	29,085.00

Lamprey Health Care, Inc., Vendor # 177677-R001 — PO #1024259

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	79,000.00	-	79,000.00
SFY 2017	102-500734	Contracts for Program Services	49156501	125.00	-	125.00
			Sub-Total	79,125.00	-	79,125.00

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Manchester Community Health Center, Vendor # 157274-B001 — PO #1024348

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	43,125.00	-	43,125.00
SFY 2017	102-500734	Contracts for Program Services	49156501	500.00	-	500.00
			Sub-Total	43,625.00	-	43,625.00

Manchester Health Department Vendor # 177433-B009 — PO #1024348

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	78,000.00	-	78,000.00
SFY 2017	102-500734	Contracts for Program Services	49156501	1,125.00	-	1,125.00
			Sub-Total	79,125.00	-	79,125.00

Mid-State Health Center, Vendor # 158055-B001 — PO #1024350

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	78,625.00	-	78,625.00
SFY 2017	102-500734	Contracts for Program Services	49156501	500.00	-	500.00
			Sub-Total	79,125.00	-	79,125.00

The New London Hospital, Inc., Vendor # 177167-R005 — PO #1024262

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	79,500.00	-	79,500.00
SFY 2017	102-500734	Contracts for Program Services	49156501	125.00	-	125.00
			Sub-Total	79,625.00	-	79,625.00

Weeks Medical Center, Vendor # 177171-R001 — PO #1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	75,062.50	-	75,062.50
SFY 2017	102-500734	Contracts for Program Services	49156501	4,062.50	-	4,062.50
			Sub-Total	79,125.00	-	79,125.00

FINANCIAL DETAIL ATTACHMENT SHEET

Primary Care Services

White Mountain Community Health Center, Vendor # 174170-R001 PO #1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	73,125.00	(1,766.68)	71,358.32
SFY 2017	102-500734	Contracts for Program Services	49156501	6,000.00	1,766.68	7,766.68
			Sub-Total	79,125.00	-	79,125.00

Harbor Homes, Inc. Vendor # 155358-B001 PO #1024345

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	42,500.00	-	42,500.00
SFY 2017	102-500734	Contracts for Program Services	49156501	1,125.00	-	1,125.00
			Sub-Total	43,625.00	-	43,625.00

		2990	**SUB TOTAL**	**$1,038,960**	**$0**	**$1,038,960**
			TOTAL	**$19,129,212**	**($32,032)**	**$19,097,180**

State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Primary Care Services Contract

This 3rd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #3") dated this, 14th day of October, 2016 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Concord Hospital Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 250 Pleasant Street, Concord, New Hampshire 03301.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #133), and subsequently amended on May 8, 2014 (Item #34A), and on June 24, 2015 (Item #58) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to Exhibit B Amendment #2, paragraph 10, notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2, and within the Price Limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council, and

WHEREAS, the State and the Department agree to adjust budget amounts between State Fiscal Years 2016 and 2017, make changes to the scope of work, and decrease the Price Limitation within State Fiscal Year 2017, within the Completion Date.

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

To amend as follows:

1. Except as specifically amended and modified by the terms and conditions in this Amendment #3, the obligations of the parties shall remain in full force and effect in accordance with the terms and conditions set forth in the Contract as referenced above.

2. Amend Form P-37, General Provisions, Block 1.8, Price Limitation, to read $1,751,595.

3. Amend Exhibit A Amendment #2 by deleting section 1.5 Breast and Cervical Screening Services and replace with

   1.5 **Breast and Cervical Cancer Screening Services** shall be provided to 134 women ages twenty-one (21) through sixty-four (64) who are:

   1.5.1. Uninsured.
   1.5.2. Underinsured.
   1.5.3. Low-income, which is defined as < 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines

4. Delete Exhibit B-3 Amendment #2 in its entirety and replace with Exhibit B-3 Amendment #3.

5. Delete Exhibit B-4 Amendment #2 in its entirety and replace with Exhibit B-4 Amendment #3.

6. Delete Exhibit B-6 Amendment #2 in its entirety and replace with Exhibit B-6 Amendment #3.

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

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

10/28/16

Date

State of New Hampshire
Department of Health and Human Services
Marcella J. Bobinsky, Acting Dir. Public Health.

NAME: Marcella J. Bobinsky, MPH
TITLE: Acting Director

Concord Hospital Inc.

10/26/16

Date

NAME Robert P. Steigmeyer
TITLE President & CEO

Acknowledgement:

State of New Hampshire County of Merrimack on 10/26/2016, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or ~~Justice of the Peace~~

Name and Title of Notary or ~~Justice of the Peace~~

My Commission Expires:

KATHLEEN G. LAMONTAGNE
MY COMMISSION EXPIRES NOV. 18, 2020
NOTARY PUBLIC
NEW HAMPSHIRE

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

OFFICE OF THE ATTORNEY GENERAL

11/15/16
Date

Name: Megan A. Yorke
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

_____
Date

_____
Name:
Title:

EXHIBIT B-4 AMENDMENT #3 BUDGET FORM

New Hampshire Department of Health and Human Services

Bidder/Program Name: Concord Hospital Family Health Center
Budget Request for: Primary Care - BCCP
Budget Period: SFY 2017

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	**Direct Incremental**	**Indirect Fixed**	**Total**	**Direct Incremental**	**Indirect Fixed**	**Total**	**Direct Incremental**	**Indirect Fixed**	**Total**
1. Total Salary/Wages	$ 54,800.93	$ -	$ 54,800.93	$ -	$ -	$ -	$ 23,845.00	$ -	$ 23,845.00
2. Employee Benefits	$ 13,700.23	$ -	$ 13,700.23	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
134 visits @ 109.95 per visit	$ 32,985.00	$ -	$ 32,985.00	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 101,486.16**	**$ -**	**$ 101,486.16**	**$ -**	**$ -**	**$ -**	**$ 23,845.00**	**$ -**	**$ 23,845.00**
Indirect As A Percent of Direct		0.0%							

Date: 10/26/2016

Contractor's Initials: [signature]

EXHIBIT B-6 AMENDMENT #3

SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Concord Hospital Family Health Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	**Direct Incremental**	**Indirect Fixed**	**Total**	**Direct Incremental**	**Indirect Fixed**	**Total**	**Direct Incremental**	**Indirect Fixed**	**Total**
1. Total Salary/Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 8,125.00	$ -	$ 8,125.00	$ -	$ -	$ -	$ 8,125.00	$ -	$ 8,125.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 8,125.00**	**$ -**	**$ 8,125.00**	**$ -**	**$ -**	**$ -**	**$ 8,125.00**	**$ -**	**$ 8,125.00**
Indirect As A Percent of Direct		0.0%							

Contractor Initials: _____

Date: 10/26/2016

EXHIBIT B-3 AMENDMENT #3

SBIRT BUDGET SHEETS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Concord Hospital Family Health Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	**Direct Incremental**	**Indirect Fixed**	**Total**	**Direct Incremental**	**Indirect Fixed**	**Total**	**Direct Incremental**	**Indirect Fixed**	**Total**
1. Total Salary/Wages	$ 66,500.00	$ -	$ 66,500.00	$ -	$ -	$ -	$ 66,500.00	$ -	$ 66,500.00
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 4,500.00	$ -	$ 4,500.00	$ -	$ -	$ -	$ 4,500.00	$ -	$ 4,500.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 71,000.00**	**$ -**	**$ 71,000.00**	**$ -**	**$ -**	**$ -**	**$ 71,000.00**	**$ -**	**$ 71,000.00**

Indirect As A Percent of Direct 0.0%

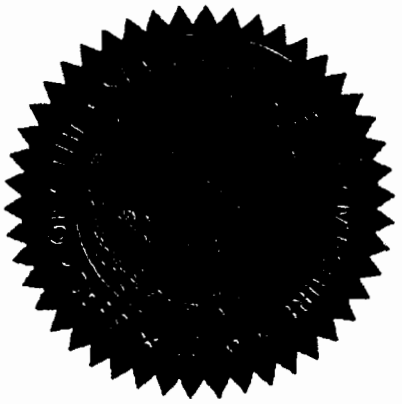
Contractor Initials: [signature]

Date: 10/26/16

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that Concord Hospital, Inc. is a New Hampshire nonprofit corporation formed January 29, 1985. 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 14th day of April A.D. 2016

William M. Gardner
Secretary of State

CERTIFICATE

I, Mary Boucher, Secretary of Concord Hospital, Inc. do hereby certify:

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

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

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

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

IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary of the Corporation this 26 day of Oct, 2016.

(Corporate seal)

Mary Boucher
Secretary

State of:

County of:

On this, the 26th day of October, 2016, before me a notary public, the undersigned officer, personally appeared Mary Boucher, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.
In witness hereof, I hereunto set my hand and official seal.

KATHLEEN G. LAMONTAGNE
MY COMMISSION EXPIRES NOV. 18, 2020
NOTARY PUBLIC NEW HAMPSHIRE

(Seal)

Notary Public

My Commission expires: 11/18/20

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/10/2015

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

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

PRODUCER	CONTACT NAME:
MARSH USA, INC. 99 HIGH STREET BOSTON, MA 02110 Attn: Boston.certrequest@Marsh.com	PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
319078-CHS-gener-16-17	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : Granite Shield Insurance Exchange
INSURED CAPITAL REGION HEALTHCARE CORPORATION & CONCORD HOSPITAL, INC. ATTN: JESSICA FANJOY 250 PLEASANT STREET CONCORD, NH 03301	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** NYC-007229110-34 **REVISION NUMBER:** 1

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			GSIE-PRIM-2016-101	01/01/2016	01/01/2017	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 12,000,000
	POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Professional Liability			GSIE-PRIM-2016-101	01/01/2016	01/01/2017		SEE ABOVE

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

GENERAL LIABILITY AND PROFESSIONAL LIABILITY SHARE A COMBINED LIMIT OF 2,000,000/12,000,000. HOSPITAL PROFESSIONAL LIABILITY RETRO ACTIVE-DATE 6/24/1985.

CERTIFICATE HOLDER

NH DEPARTMENT OF HEALTH &
HUMAN SERVICES
105 PLEASANT STREET
CONCORD, NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Susan Molloy — Susan Molloy

Client#: 243089 CAPITALREG

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/04/2016

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

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

PRODUCER HUB Healthcare Solutions HUB International New England 299 Ballardvale Street Wilmington, MA 01887	CONTACT NAME: Jessica Kelley PHONE (A/C, No, Ext): 978-661-6233 FAX (A/C, No): E-MAIL ADDRESS: jessica.kelley@hubinternational.com
INSURED Capital Region Healthcare Corporation Concord Hospital 250 Pleasant Street Concord, NH 03301	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Safety National Casualty Corp INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	POLICY PRO-JECT LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			SP4053897	10/01/15	10/01/17	X WC STATU-TORY LIMITS OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			SIR $500,000			E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000

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

CERTIFICATE HOLDER

State of New Hampshire
Department of Health and
Human Services
105 Pleasant Street
Concord, NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

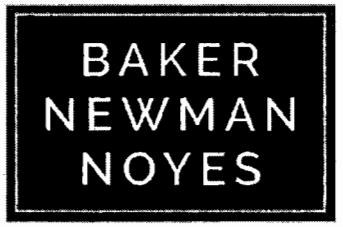
JS008

Concord Hospital Mission Statement

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

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

Approved by Board of Trustees 10-21-02; Reaffirmed by Board 11-23-03, 11-15-04, 11-21-05, 11-20-06, 11-19-07, 11-17-08, 11-16-09, 10-18-10, 9-19-11, 9-24-12, 9-23-13, 9-22-14



Concord Hospital, Inc. and Subsidiaries

Audited Consolidated Financial Statements

Years Ended September 30, 2015 and 2014
With Independent Auditors' Report

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

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

Audited Consolidated Financial Statements

Years Ended September 30, 2015 and 2014

CONTENTS

BAKER NEWMAN NOYES

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INDEPENDENT AUDITORS' REPORT

The Board of Trustees
Concord Hospital, Inc.

We have audited the accompanying consolidated financial statements of Concord Hospital, Inc. and Subsidiaries (the System), which comprise the consolidated balance sheets as of September 30, 2015 and 2014, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the System as of September 30, 2015 and 2014, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Baker Newman & Noyes

Limited Liability Company

Manchester, New Hampshire
December 7, 2015

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED BALANCE SHEETS

September 30, 2015 and 2014

ASSETS
(In thousands)

	2015	2014
Current assets:		
Cash and cash equivalents	$ 8,096	$ 12,953
Short-term investments	7,395	12,390
Accounts receivable, less allowance for doubtful accounts of $12,605 in 2015 and $16,339 in 2014	55,104	46,896
Due from affiliates	325	438
Supplies	1,382	1,443
Prepaid expenses and other current assets	5,945	5,927
Total current assets	78,247	80,047
Assets whose use is limited or restricted:		
Board designated	251,927	263,225
Funds held by trustee for workers' compensation reserves and self-insurance escrows	11,282	10,499
Donor-restricted	34,304	34,932
Total assets whose use is limited or restricted	297,513	308,656
Other noncurrent assets:		
Due from affiliates, net of current portion	2,001	2,428
Bond issuance costs and other assets	14,781	24,613
Total other noncurrent assets	16,782	27,041
Property and equipment:		
Land and land improvements	5,878	5,370
Buildings	182,833	175,689
Equipment	226,193	214,922
Construction in progress	12,515	10,414
	427,419	406,395
Less accumulated depreciation	(278,714)	(255,381)
Net property and equipment	148,705	151,014
	$ 541,247	$ 566,758

LIABILITIES AND NET ASSETS
(In thousands)

	2015	2014
Current liabilities:		
Short-term notes payable	$ 2,412	$ 1,912
Accounts payable and accrued expenses	29,742	20,448
Accrued compensation and related expenses	27,042	25,829
Accrual for estimated third-party payor settlements	14,323	15,033
Current portion of long-term debt	8,337	8,131
Total current liabilities	81,856	71,353
Long-term debt, net of current portion	95,018	103,495
Accrued pension and other long-term liabilities	81,688	78,191
Total liabilities	258,562	253,039
Net assets:		
Unrestricted	248,381	278,787
Temporarily restricted	14,860	15,089
Permanently restricted	19,444	19,843
Total net assets	282,685	313,719
	$ 541,247	$ 566,758

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF OPERATIONS

Years Ended September 30, 2015 and 2014
(In thousands)

	2015	2014
Unrestricted revenue and other support:		
Net patient service revenue, net of contractual allowances and discounts	$438,572	$442,951
Provision for doubtful accounts	(16,839)	(32,476)
Net patient service revenue less provision for doubtful accounts	421,733	410,475
Other revenue	23,599	23,387
Disproportionate share revenue	3,497	5,099
Net assets released from restrictions for operations	1,648	1,354
Total unrestricted revenue and other support	450,477	440,315
Operating expenses:		
Salaries and wages	193,080	186,457
Employee benefits	52,220	48,346
Supplies and other	81,719	76,206
Purchased services	64,046	61,668
Professional fees	3,491	2,670
Depreciation and amortization	24,532	25,397
Medicaid enhancement tax	12,800	16,437
Interest expense	3,879	4,057
Total operating expenses	435,767	421,238
Income from operations	14,710	19,077
Nonoperating income:		
Unrestricted gifts and bequests	204	218
Investment income and other	11,386	9,923
Total nonoperating income	11,590	10,141
Excess of revenues and nonoperating income over expenses	$ 26,300	$ 29,218

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS

Years Ended September 30, 2015 and 2014
(In thousands)

	2015	2014
Unrestricted net assets:		
Excess of revenues and nonoperating income over expenses	$ 26,300	$ 29,218
Net unrealized (losses) gains on investments	(23,982)	2,627
Net transfers from affiliates	372	312
Net assets released from restrictions used for purchases of property and equipment	82	62
Pension adjustment	(33,178)	(16,378)
(Decrease) increase in unrestricted net assets	(30,406)	15,841
Temporarily restricted net assets:		
Restricted contributions and pledges	2,492	1,157
Restricted investment income	990	984
Contributions to affiliates and other community organizations	(140)	(146)
Net unrealized (losses) gains on investments	(1,841)	383
Net assets released from restrictions for operations	(1,648)	(1,354)
Net assets released from restrictions used for purchases of property and equipment	(82)	(62)
(Decrease) increase in temporarily restricted net assets	(229)	962
Permanently restricted net assets:		
Restricted contributions and pledges	182	1,211
Unrealized (losses) gains on trusts administered by others	(581)	392
(Decrease) increase in permanently restricted net assets	(399)	1,603
(Decrease) increase in net assets	(31,034)	18,406
Net assets, beginning of year	313,719	295,313
Net assets, end of year	$282,685	$313,719

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS

Years Ended September 30, 2015 and 2014
(In thousands)

	2015	2014
Cash flows from operating activities:		
(Decrease) increase in net assets	$ (31,034)	$ 18,406
Adjustments to reconcile (decrease) increase in net assets to net cash provided by operating activities:		
Restricted contributions and pledges	(2,674)	(2,368)
Depreciation and amortization	24,532	25,397
Net realized and unrealized losses (gains) on investments	16,731	(12,123)
Bond premium amortization	(141)	(154)
Provision for doubtful accounts	16,839	32,476
Equity in earnings of affiliates, net	(6,804)	(6,121)
Gain on disposal of property and equipment	(79)	(55)
Pension adjustment	33,178	16,378
Changes in operating assets and liabilities:		
Accounts receivable	(25,047)	(33,311)
Supplies, prepaid expenses and other current assets	43	(234)
Other assets	9,738	(6,279)
Due from affiliates	540	497
Accounts payable and accrued expenses	9,294	(1,374)
Accrued compensation and related expenses	1,213	2,536
Accrual for estimated third-party payor settlements	(710)	434
Accrued pension and other long-term liabilities	(29,681)	(2,289)
Net cash provided by operating activities	15,938	31,816
Cash flows from investing activities:		
Increase in property and equipment, net	(22,049)	(20,148)
Purchases of investments	(48,852)	(50,714)
Proceeds from sales of investments	48,801	26,381
Equity distributions from affiliates	6,803	6,377
Net cash used by investing activities	(15,297)	(38,104)
Cash flows from financing activities:		
Payments on long-term debt	(8,130)	(7,932)
Change in short-term notes payable	500	885
Restricted contributions and pledges	2,132	2,282
Net cash used by financing activities	(5,498)	(4,765)
Net decrease in cash and cash equivalents	(4,857)	(11,053)
Cash and cash equivalents at beginning of year	12,953	24,006
Cash and cash equivalents at end of year	$ 8,096	$ 12,953

See accompanying notes.

1. Description of Organization and Summary of Significant Accounting Policies

Organization

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

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

In March 2009, Concord Hospital created The Concord Hospital Trust (the Trust), a separately incorporated, not-for-profit organization to serve as the Hospital's philanthropic arm. In establishing the Trust, the Hospital transferred philanthropic permanent and temporarily restricted funds, including board designated funds, endowments, indigent care funds and specific purpose funds, to the newly formed organization together with the stewardship responsibility to direct monies available to support the Hospital's charitable mission and reflect the specific intentions of the donors who made these gifts. Concord Hospital and the Trust constitute the Obligated Group at September 30, 2015 and 2014 to certain debt described in Note 6.

Subsidiaries of the Hospital include:

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

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

CH/DHC, Inc. d/b/a Dartmouth-Hitchcock-Concord (CH/DHC) is a not-for-profit corporation that provides clinical medical services through a multi-specialty group practice. CH/DHC was formed under a joint agreement between the Hospital and DH-Concord. The joint agreement terminated effective September 30, 2015.

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

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

Use of Estimates

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

Concentration of Credit Risk

Financial instruments which subject the Hospital to credit risk consist primarily of cash equivalents, accounts receivable and investments. The risk with respect to cash equivalents is minimized by the Hospital's policy of investing in financial instruments with short-term maturities issued by highly rated financial institutions. The Hospital's accounts receivable are primarily due from third-party payors and amounts are presented net of expected contractual allowances and uncollectible amounts, including estimated uncollectible amounts from uninsured patients. The Hospital's investment portfolio consists of diversified investments, which are subject to market risk, including estimated uncollectible amounts from uninsured parties. The Hospital's investment in one fund, the State Street S&P 500 CTF, exceeded 10% of total Hospital investments as of September 30, 2015 and 2014.

Cash and Cash Equivalents

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

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

Supplies

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

Assets Whose Use is Limited or Restricted

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

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

Investments and Investment Income

Investments are carried at fair value in the accompanying consolidated balance sheets. Investment income (including realized gains and losses on investments, interest and dividends) is included in the excess of revenues and nonoperating income over expenses unless the income is restricted by donor or law. Gains and losses on investments are computed on a specific identification basis. Unrealized gains and losses on investments are excluded from the excess of revenues and nonoperating income over expenses unless the investments are classified as trading securities or losses are considered other-than-temporary. Periodically, management reviews investments for which the market value has fallen significantly below cost and recognizes impairment losses where they believe the declines are other-than-temporary.

Beneficial Interest in Perpetual Trusts

The System has an irrevocable right to receive income earned on certain trust assets established for its benefit. Distributions received by the System are unrestricted. The System's interest in the fair value of the trust assets is included in assets whose use is limited and as permanently restricted net assets. Changes in the fair value of beneficial trust assets are reported as increases or decreases to permanently restricted net assets.

Investment Policies

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

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

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

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

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

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

Spending Policy for Appropriation of Assets for Expenditure

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

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

Accounts Receivable and the Allowance for Doubtful Accounts

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectibility of accounts receivable, the System analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for doubtful accounts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the System analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for doubtful accounts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the System records a provision for doubtful accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

The System's allowance for doubtful accounts for self-pay patients represented 68% and 87% of self-pay accounts receivable at September 30, 2015 and 2014, respectively. The total provision for the allowance for doubtful accounts was $16,839 and $32,476 for the years ended September 30, 2015 and 2014, respectively. The System also allocates a portion of the allowance and provision for doubtful accounts to charity care, which is not recorded as revenue. The System's self-pay bad debt writeoffs decreased $10,978, from $32,496 in 2014 to $21,518 in 2015. The reduction in bad debt writeoffs between 2015 and 2014 was primarily a result of significantly improved collection trends and certain shifts in payor mix.

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

Property and Equipment

Property and equipment is stated at cost at time of purchase, or at fair value at time of donation for assets contributed, less any reductions in carrying value for impairment and less accumulated depreciation. The System's policy is to capitalize expenditures for major improvements and charge maintenance and repairs currently for expenditures which do not extend the lives of the related assets. Depreciation is computed using the straight-line method in a manner intended to amortize the cost of the related assets over their estimated useful lives. For the years ended September 30, 2015 and 2014, depreciation expense was $24,437 and $25,336, respectively.

The System has also capitalized certain costs associated with property and equipment not yet in service. Construction in progress includes amounts incurred related to major construction projects, other renovations, and other capital equipment purchased but not yet placed in service. There was no interest capitalized during 2015 and 2014.

Gifts of long-lived assets such as land, buildings or equipment are reported as unrestricted support, and are excluded from the excess of revenues and nonoperating income over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used, and gifts of cash or other assets that must be used to acquire long-lived assets, are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Federal Grant Revenue and Expenditures

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

Bond Issuance Costs/Original Issue Discount or Premium

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

Charity Care

The System provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates (Note 11). Because the System does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. The System determines the costs associated with providing charity care by calculating a ratio of cost to gross charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. Funds received from gifts and grants to subsidize charity services provided for the years ended September 30, 2015 and 2014 were approximately $473 and $349, respectively.

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

Temporarily and Permanently Restricted Net Assets

Gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of donated assets. Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. When a donor restriction expires (when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified as unrestricted net assets and reported as either net assets released from restrictions for operations (for noncapital related items) or as net assets released from restrictions used for purchases of property and equipment (capital related items). Permanently restricted net assets have been restricted by donors to be maintained in perpetuity.

Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements.

Net Patient Service Revenue

The System has agreements with third-party payors that provide for payments to the System at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, per diem payments and fee schedules. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Changes in these estimates are reflected in the financial statements in the year in which they occur. For the years ended September 30, 2015 and 2014, net patient service revenue in the accompanying consolidated statements of operations (decreased) increased by approximately $(3,106) and $2,914, respectively, due to actual settlements and changes in assumptions underlying estimated future third-party settlements.

Revenues from the Medicare and Medicaid programs accounted for approximately 31% and 4% and 27% and 3% of the System's net patient service revenue for the years ended September 30, 2015 and 2014, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation.

The Hospital recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients, the Hospital provides a discount approximately equal to that of its largest private insurance payors. On the basis of historical experience, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Hospital records a significant provision for doubtful accounts related to uninsured patients in the period the services are provided.

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

Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the System are reported at fair value at the date the promise is received. Conditional promises to give and intentions to give are reported at fair value at the date the condition is met. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of donated assets.

Excess of Revenues and Nonoperating Income Over Expenses

The System has deemed all activities as ongoing, major or central to the provision of health care services and, accordingly, they are reported as operating revenue and expenses, except for unrestricted contributions and pledges, the related philanthropy expenses and investment income which are recorded as nonoperating income.

The consolidated statements of operations also include excess of revenues and nonoperating income over expenses. Changes in unrestricted net assets which are excluded from excess of revenues and nonoperating income over expenses, consistent with industry practice, include the change in net unrealized gains and losses on investments other than trading securities or losses considered other than temporary, permanent transfers of assets to and from affiliates for other than goods and services, pension liability adjustments and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

Estimated Workers' Compensation and Health Care Claims

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

Income Taxes

The Hospital, CRHCDC, CRHVC, CH/DHC and the Trust are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code, and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Management evaluated the System's tax positions and concluded the System has maintained its tax-exempt status, does not have any significant unrelated business income and had taken no uncertain tax positions that require adjustment to or disclosure in the accompanying consolidated financial statements. With few exceptions, the System is no longer subject to income tax examination by the U.S. federal or state tax authorities for years before 2012.

Advertising Costs

The System expenses advertising costs as incurred, and such costs totaled approximately $214 and $215 for the years ended September 30, 2015 and 2014, respectively.

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

Recent Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)* (ASU 2015-07). ASU 2015-07 removes the requirement to include investments in the fair value hierarchy for which fair value is measured using the net asset value per share practical expedient under ASC 820. ASU 2015-07 is effective for the System's fiscal year ending September 30, 2018 with early adoption permitted. The System has elected to implement ASU 2015-07 in its 2015 consolidated financial statements (with retroactive application to 2014 disclosures) which is allowed under the pronouncement. The adoption of this pronouncement did not materially affect the consolidated financial statements. See Notes 4 and 14.

In April 2015, the FASB issued ASU No. 2015-03, *Interest – Imputation of Interest: Simplifying the Presentation of Debt Issuance Costs* (ASU 2015-03). ASU 2015-03 simplifies the presentation of debt issuance costs and requires that the debt issuance costs related to a recognized debt liability be presented in the balance sheet as a direct deduction from the carrying amount of that debt liability, consistent with debt discounts. ASU 2015-03 is effective for the System's fiscal year ending September 30, 2017 with early adoption permitted. The System is currently evaluating the impact of the pending adoption of ASU 2015-03 on the System's consolidated financial statements.

Subsequent Events

Management of the System evaluated events occurring between the end of the System's fiscal year and December 7, 2015, the date the consolidated financial statements were available to be issued.

2. Transactions With Affiliates

The System provides funds to CRHC and its affiliates which are used for a variety of purposes. The System records the transfer of funds to CRHC and the other affiliates as either receivables or directly against net assets, depending on the intended use and repayment requirements of the funds. Generally, funds transferred for start-up costs of new ventures or capital related expenditures are recorded as charges against net assets. For the years ended September 30, 2015 and 2014, transfers made to CRHC were $(77) and $(125), respectively, and transfers received from Capital Region Health Services Corporation (CRHSC) were $449 and $437, respectively.

A brief description of affiliated entities is as follows:

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

(In thousands)

2. Transactions With Affiliates (Continued)

Amounts due the System, primarily from joint ventures, totaled $2,326 and $2,866 at September 30, 2015 and 2014, respectively. Amounts have been classified as current or long-term depending on the intentions of the parties involved. Beginning in 1999, the Hospital began charging interest on a portion of the receivables ($892 and $931 at September 30, 2015 and 2014, respectively) with principal and interest (6.75% at September 30, 2015) payments due monthly. Interest income amounted to $62 and $64 for the years ended September 30, 2015 and 2014, respectively.

Contributions to affiliates and other community organizations from temporarily restricted net assets were $140 and $146 in 2015 and 2014, respectively.

3. Investments and Assets Whose Use is Limited or Restricted

Short-term investments totaling $7,395 and $12,390 at September 30, 2015 and 2014, respectively, are comprised primarily of cash and cash equivalents. Assets whose use is limited or restricted are carried at fair value and consist of the following at September 30:

	2015	2014
Board designated funds:		
Cash and cash equivalents	$ 7,694	$ 2,598
Fixed income securities	32,547	38,060
Marketable equity and other securities	194,948	199,507
Inflation-protected securities	16,738	23,060
	251,927	263,225
Held by trustee for workers' compensation reserves:		
Fixed income securities	3,803	3,749
Health insurance and other escrow funds:		
Cash and cash equivalents	960	961
Fixed income securities	1,337	1,259
Marketable equity securities	5,182	4,530
	7,479	6,750
Donor restricted:		
Cash and cash equivalents	3,392	3,450
Fixed income securities	2,607	2,946
Marketable equity securities	15,737	15,487
Inflation-protected securities	1,341	1,785
Trust funds administered by others	10,489	11,070
Other	738	194
	34,304	34,932
	$297,513	$308,656

(In thousands)

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

Included in marketable equity and other securities above are $111,063 and $111,693 at September 30, 2015 and 2014, respectively, in so called alternative investments. See also Note 14.

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

	2015	2014
Unrestricted net assets:		
Interest and dividends	$ 3,885	$ 3,173
Investment income from trust funds administered by others	546	533
Net realized gains on sales of investments	8,955	7,987
	13,386	11,693
Restricted net assets:		
Interest and dividends	272	250
Net realized gains on sales of investments	718	734
	990	984
	$ 14,376	$ 12,677
Net unrealized (losses) gains on investments:		
Unrestricted net assets	$ (23,982)	$ 2,627
Temporarily restricted net assets	(1,841)	383
Permanently restricted net assets	(581)	392
	$ (26,404)	$ 3,402

In compliance with the System's spending policy, portions of investment income and related fees are recognized in other operating revenue on the accompanying consolidated statements of operations. Investment income reflected in other operating revenue was $1,709 and $1,693 in 2015 and 2014, respectively.

Investment management fees expensed and reflected in nonoperating income were $896 and $884 for the years ended September 30, 2015 and 2014, respectively.

(In thousands)

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

The following summarizes the Hospital's gross unrealized losses and fair values, aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position at September 30, 2015 and 2014:

	Less Than 12 Months		12 Months or Longer		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
2015						
Marketable equity securities	$32,230	$ (3,745)	$28,960	$(10,675)	$ 61,190	$(14,420)
Fund-of-funds	19,073	(1,158)	31,712	(4,865)	50,785	(6,023)
	$51,303	$(4,903)	$60,672	$(15,540)	$111,975	$(20,443)
2014						
Marketable equity securities	$ 1,188	$ (142)	$34,834	$ (1,687)	$ 36,022	$ (1,829)
Fund-of-funds	17,772	(1,191)	16,417	(1,370)	34,189	(2,561)
	$18,960	$(1,333)	$51,251	$ (3,057)	$ 70,211	$ (4,390)

In evaluating whether investments have suffered an other-than-temporary decline, based on input from outside investment advisors, management evaluated the amount of the decline compared to cost, the length of time and extent to which fair value has been less than cost, the underlying creditworthiness of the issuer, the fair values exhibited during the year, estimated future fair values and the System's intent and ability to hold the security until a recovery in fair value or maturity. Based on evaluations of the underlying issuers' financial condition, current trends and economic conditions, management believes there are no securities that have suffered an other-than-temporary decline in value at September 30, 2015 and 2014.

4. Defined Benefit Pension Plan

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

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

(In thousands)

4. **Defined Benefit Pension Plan (Continued)**

The following table summarizes the Plan's funded status at September 30, 2015 and 2014:

	2015	2014
Pension benefits:		
Fair value of plan assets	$ 165,053	$ 151,055
Projected benefit obligation	(229,888)	(199,121)
	$ (64,835)	$ (48,066)
Activities for the year consist of:		
Benefit payments and administrative expenses	$ 7,562	$ 7,556
Net periodic benefit cost	10,590	9,333

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

	2015	2014
Change in benefit obligation:		
Benefit obligation at beginning of year	$199,121	$172,761
Service cost	9,562	8,447
Interest cost	9,270	9,052
Actuarial loss	21,989	16,417
Benefit payments and administrative expenses paid	(7,562)	(7,556)
Plan amendment	(2,492)	–
Benefit obligation at end of year	$229,888	$199,121
Change in plan assets:		
Fair value of plan assets at beginning of year	$151,055	$131,706
Actual return on plan assets	(5,440)	8,205
Employer contributions	27,000	18,700
Benefit payments and administrative expenses paid	(7,562)	(7,556)
Fair value of plan assets at end of year	$165,053	$151,055
Funded status and amount recognized in noncurrent liabilities at September 30	$(64,835)	$(48,066)

(In thousands)

4. Defined Benefit Pension Plan (Continued)

Amounts recognized as a change in unrestricted net assets during the years ended September 30, 2015 and 2014 consist of:

	2015	2014
Net actuarial loss	$39,736	$19,115
Net amortized loss	(4,099)	(2,770)
Prior service credit amortization	33	33
Plan amendment	(2,492)	–
Total amount recognized	$33,178	$16,378

In June 2015, the plan was amended effective January 1, 2016 to change the factors used to convert a cash balance account into a monthly annuity, expand eligibility for the lump payment option and modify eligibility for an annual cash balance pay credit. These changes are reflected within the projected benefit obligation at September 30, 2015. Also in 2015, the System began to use the RP-2015 mortality tables, which in general have longer life expectancies than the older tables used, which had an impact on the projected benefit obligation.

Pension Plan Assets

The fair values of the System's pension plan assets as of September 30, 2015 and 2014, by asset category are as follows (see Note 14 for level definitions). In accordance with ASU 2015-07, certain investments that are measured using the net value per share practical expedient have not been classified in the fair value hierarchy. See Note 1.

	2015 Level 1	2014 Level 1
Short-term investments:		
Money market funds	$ 12,036	$ 19,389
Equity securities:		
Common stocks	8,244	8,040
Mutual funds – international	16,770	13,288
Mutual funds – domestic	7,682	3,742
Mutual funds – natural resources	3,439	6,585
Fixed income securities:		
Mutual funds – REIT	680	685
Mutual funds – fixed income	23,321	23,312
	72,172	75,041
Funds measured at net asset value:		
Equity securities:		
Common collective trust	$ 27,873	$ 24,154
Funds-of-funds	54,601	41,224
Fixed income securities:		
Funds-of-funds	4,367	4,545
Hedge funds:		
Inflation hedge	6,040	6,091
Total investments at fair value	$165,053	$151,055

(In thousands)

4. Defined Benefit Pension Plan (Continued)

The target allocation for the System's pension plan assets as of September 30, 2015 and 2014, by asset category are as follows:

	2015		2014	
	Target Allocation	Percentage of Plan Assets	Target Allocation	Percentage of Plan Assets
Short-term investments	0-20%	7%	0-20%	13%
Equity securities	40-80%	71	40-80%	64
Fixed income securities	5-80%	18	5-80%	19
Other	0-30%	4	0-30%	4

The funds-of-funds are invested with eight investment managers and have various restrictions on redemptions. Four of the managers holding amounts totaling approximately $28 million at September 30, 2015 allow for monthly redemptions, with notices ranging from 6 to 15 days. Three managers holding amounts totaling approximately $27 million at September 30, 2015 allow for quarterly redemptions, with a notice of 45 or 65 days. One of the managers holding amounts of approximately $5 million at September 30, 2015 allows for annual redemptions, with a notice of 90 days. Certain funds also may include a fee estimated to be equal to the cost the fund incurs in converting investments to cash (ranging from 0.5% to 1.5%).

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

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

Amounts included in expense during fiscal 2015 and 2014 consist of:

	2015	2014
Components of net periodic benefit cost:		
Service cost	$ 9,562	$ 8,447
Interest cost	9,270	9,052
Expected return on plan assets	(12,307)	(10,903)
Amortization of prior service cost and gains and losses	4,065	2,737
Net periodic benefit cost	$ 10,590	$ 9,333

(In thousands)

4. Defined Benefit Pension Plan (Continued)

The accumulated benefit obligations for the plan at September 30, 2015 and 2014 were $217,825 and $187,040, respectively.

	2015	2014
Weighted average assumptions to determine benefit obligation:		
Discount rate	4.78%	4.78%
Rate of compensation increase	2.00	2.00
Weighted average assumptions to determine net periodic benefit cost:		
Discount rate	4.78%	5.38%
Expected return on plan assets	8.00	8.00
Cash balance credit rate	5.00	5.00
Rate of compensation increase	2.00	2.00

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

The loss and prior service credit amount expected to be recognized in net periodic benefit cost in 2016 are as follows:

Actuarial loss	$ 6,156
Prior service credit	(276)
	$ 5,880

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

Cash contributions in subsequent years will depend on a number of factors including performance of plan assets. However, the System expects to fund $16,000 in cash contributions to the plan for the 2016 plan year.

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

Year Ended September 30	Pension Benefits
2016	$ 9,556
2017	11,501
2018	12,368
2019	13,567
2020	14,830
2021 – 2025	87,166

5. Estimated Third-Party Payor Settlements

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

Medicare

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

The physician practices are reimbursed on a fee screen basis.

Disproportionate Share Payments and Medicaid Enhancement Tax

Under the State of New Hampshire's tax code, the State imposes a Medicaid Enhancement Tax (MET) equal to 5.5% of net patient service revenues, with certain exclusions. The amount of tax incurred by the System for fiscal 2015 and 2014 was $12,800 and $16,437, respectively.

In the fall of 2010, in order to remain in compliance with stated federal regulations, the State of New Hampshire adopted a new approach related to Medicaid disproportionate share funding (DSH) retroactive to July 1, 2010. Unlike the former funding method, the State's approach led to a payment that was not directly based on, and did not equate to, the level of tax imposed. As a result, the legislation created some level of losses at certain New Hampshire hospitals, while other hospitals realized gains. DSH payments from the State are recorded within unrestricted revenue and other support and amounted to $3,497 and $5,099 in 2015 and 2014, respectively.

The Centers for Medicare and Medicaid Services (CMS) has undertaken an audit of the State's program and the DSH payments made by the State in 2011, the first year that those payments reflected the amount of uncompensated care provided by New Hampshire hospitals. It is possible that subsequent years will also be audited by CMS. At the date of these consolidated financial statements, CMS's audit was substantially complete, and the System has recorded reserves to address its exposure based on the preliminary audit results. Due to the uncertainty related to any potential audit of the State program and DSH payments made for years after 2011, no amounts have been reflected in the accompanying consolidated financial statements related to these contingencies.

Medicaid

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

The physician practices are reimbursed on a fee screen basis.

(In thousands)

5. Estimated Third-Party Payor Settlements (Continued)

Other

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

The accrual for estimated third-party payor settlements reflected on the accompanying consolidated balance sheets represents the estimated net amounts to be paid under reimbursement contracts with the Centers for Medicare and Medicaid Services (Medicare), the New Hampshire Department of Welfare (Medicaid) and any commercial payors with settlement provision. Settlements for the Hospital have been finalized through 2013 and 2012 for Medicare and Medicaid, respectively.

6. Long-Term Debt and Notes Payable

Long-term debt consists of the following at September 30, 2015 and 2014:

	2015	2014
2.0% to 5.0% New Hampshire Health and Education Facilities Authority (NHHEFA) Revenue Bonds, Concord Hospital Issue, Series 2013A; due in annual installments, including principal and interest ranging from $1,543 to $3,555 through 2043, including unamortized original issue premium of $3,308 in 2015 and $3,429 in 2014	$ 45,538	$ 46,714
1.71% fixed rate NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2013B; due in annual installments, including principal and interest ranging from $1,860 to $3,977 through 2024	24,024	27,550
1.3% to 5.6% NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2011; due in annual installments, including principal and interest ranging from $2,737 to $5,201 through 2026, including unamortized original issue premium of $213 in 2015 and $233 in 2014	33,793	37,362
	103,355	111,626
Less current portion	(8,337)	(8,131)
	$ 95,018	$103,495

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

(In thousands)

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

In April 2013, $32,421 of NHHEFA Revenue Bonds, Concord Hospital Issues, Series 2013B, were issued to advance refund the Series 2004 NHHEFA Hospital Revenue Bonds. These were redeemed in full during 2014.

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

Substantially all the property and equipment relating to the aforementioned construction and renovation projects, as well as subsequent property and equipment additions thereto, and a mortgage lien on the facility, are pledged as collateral for the Series 2011 and 2013A and B Revenue Bonds. In addition, the gross receipts of the Hospital are pledged as collateral for the Series 2011 and 2013A and B Revenue Bonds. The most restrictive financial covenants require a 1.10 to 1.0 ratio of aggregate income available for debt service to total annual debt service and a day's cash on hand ratio of 75 days. The Hospital was in compliance with its debt covenants at September 30, 2015 and 2014.

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

Interest paid on long-term debt amounted to $3,934 and $4,138 for the years ended September 30, 2015 and 2014, respectively.

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

2016	$ 8,337
2017	8,570
2018	8,822
2019	9,061
2020	7,385
Thereafter	57,659
	$99,834

7. Commitments and Contingencies

Malpractice Loss Contingencies

Prior to February 1, 2011, the System was insured against malpractice loss contingencies under claims-made insurance policies. A claims-made policy provides specific coverage for claims made during the policy period. The System maintained excess professional and general liability insurance policies to cover claims in excess of liability retention levels. The System has established reserves to cover professional liability exposures for incurred but unpaid or unreported claims. The amounts of the reserves total $2,033 and $3,908 at September 30, 2015 and 2014, respectively, and are reflected in the accompanying consolidated balance sheets within accrued pension and other long-term liabilities. The possibility exists, as a normal risk of doing business, that malpractice claims in excess of insurance coverage may be asserted against the System.

Effective February 1, 2011, the System insures its medical malpractice risks through a multiprovider captive insurance company under a claims-made insurance policy. Premiums paid are based upon actuarially determined amounts to adequately fund for expected losses. At September 30, 2015, there were no known malpractice claims outstanding for the System which, in the opinion of management, will be settled for amounts in excess of insurance coverage, nor were there any unasserted claims or incidents which required loss accruals. The captive retains and funds up to actuarial expected loss amounts, and obtains reinsurance at various attachment points for individual and aggregate claims in excess of funding in accordance with industry practices. The System's interest in the captive represents approximately 30% of the captive. Control of the captive is equally shared by participating hospitals. The System has recorded its interest in the captive's equity, totaling approximately $427 and $420 at September 30, 2015 and 2014, respectively, in other noncurrent assets on the accompanying consolidated balance sheets. Changes in the System's interest are included in nonoperating income on the accompanying consolidated statements of operations.

In accordance with ASU No. 2010-24, "*Health Care Entities*" (Topic 954): *Presentation of Insurance Claims and Related Insurance Recoveries*, at September 30, 2015 and 2014, the Hospital recorded a liability of approximately $7,700 and $19,750, respectively, related to estimated professional liability losses. At September 30, 2015 and 2014, the Hospital also recorded a receivable of $7,700 and $19,750, respectively, related to estimated recoveries under insurance coverage for recoveries of the potential losses. These amounts are included in accrued pension and other long-term liabilities, and bond issuance costs and other assets, respectively, on the consolidated balance sheets.

Workers' Compensation

The Hospital maintains workers' compensation insurance under a self-insurance plan. The plan offers, among other provisions, certain specific and aggregate stop-loss coverage to protect the Hospital against excessive losses. The Hospital has employed independent actuaries to estimate the ultimate costs, if any, of the settlement of such claims. Accrued workers' compensation losses of $2,202 and $2,526 at September 30, 2015 and 2014, respectively, have been discounted at 3% (both years) and, in management's opinion, provide an adequate reserve for loss contingencies. A trustee held fund has been established as a reserve under the plan.

(In thousands)

7. Commitments and Contingencies (Continued)

Litigation

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

Health Insurance

The System has a self-funded health insurance plan. The plan is administered by an insurance company which assists in determining the current funding requirements of participants under the terms of the plan and the liability for claims and assessments that would be payable at any given point in time. The System recognizes revenue for services provided to employees of the System during the year. The System is insured above a stop-loss amount of $440 on individual claims. Estimated unpaid claims, and those claims incurred but not reported at September 30, 2015 and 2014, have been recorded as a liability of $6,508 and $4,508, respectively, and are reflected in the accompanying consolidated balance sheets within accounts payable and accrued expenses.

Operating Leases

The System has various operating leases relative to its office and offsite locations. Future annual minimum lease payments under noncancellable lease agreements as of September 30, 2015 are as follows:

Year Ending September 30:	
2016	$ 4,469
2017	3,849
2018	3,442
2019	3,408
2020	3,057
Thereafter	21,334
	$39,559

Rent expense was $8,127 and $8,156 for the years ended September 30, 2015 and 2014, respectively.

(In thousands)

8. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at September 30:

	2015	2014
Health education and program services	$12,988	$13,604
Capital acquisitions	997	1,195
Indigent care	188	188
For periods after September 30 of each year	687	102
	$14,860	$15,089

Income on the following permanently restricted net asset funds is available for the following purposes at September 30:

	2015	2014
Health education and program services	$16,726	$17,088
Capital acquisitions	803	803
Indigent care	1,810	1,810
For periods after September 30 of each year	105	142
	$19,444	$19,843

9. Patient Service and Other Revenue

Net patient service revenue for the years ended September 30 is as follows:

	2015	2014
Gross patient service charges:		
Inpatient services	$ 425,655	$ 400,259
Outpatient services	553,999	515,503
Physician services	142,521	134,699
Less charitable services	(14,869)	(38,119)
	1,107,306	1,012,342
Less contractual allowances and discounts:		
Medicare	380,166	348,110
Medicaid	119,387	69,545
Other	198,495	181,548
	698,048	599,203
Total Hospital net patient service revenue (net of contractual allowances and discounts)	409,258	413,139
Other entities	29,314	29,812
	$ 438,572	$ 442,951

(In thousands)

9. Patient Service and Other Revenue (Continued)

An estimated breakdown of patient service revenue, net of contractual allowances, discounts and provision for doubtful accounts recognized in 2015 and 2014 from these major payor sources, is as follows for the Hospital. The provision for doubtful accounts for subsidiaries of the Hospital was not significant in 2015 and 2014.

	Hospital			
	Gross Patient Service Revenues	Contractual Allowances and Discounts	Provision for Doubtful Accounts	Net Patient Service Revenues Less Provision for Doubtful Accounts
2015				
Private payors (includes coinsurance and deductibles)	$ 445,760	$(198,495)	$ (6,101)	$241,164
Medicaid	133,988	(119,387)	(117)	14,484
Medicare	504,514	(380,166)	(1,682)	122,666
Self-pay	23,044	–	(8,510)	14,534
	$1,107,306	$(698,048)	$(16,410)	$392,848

	Hospital			
	Gross Patient Service Revenues	Contractual Allowances and Discounts	Provision for Doubtful Accounts	Net Patient Service Revenues Less Provision for Doubtful Accounts
2014				
Private payors (includes coinsurance and deductibles)	$ 426,874	$(181,548)	$ (9,337)	$235,989
Medicaid	85,624	(69,545)	(1,049)	15,030
Medicare	467,071	(348,110)	(1,869)	117,092
Self-pay	32,773	–	(19,465)	13,308
	$1,012,342	$(599,203)	$(31,720)	$381,419

Electronic Health Records Incentive Payments

The CMS Electronic Health Records (EHR) incentive programs provide a financial incentive for the "meaningful use" of certified EHR technology to achieve health and efficiency goals. To qualify for incentive payments, eligible organizations must successfully demonstrate meaningful use of certified EHR technology through various stages defined by CMS. Revenue totaling $1,258 and $2,196 associated with these meaningful use attestations was recorded as other revenue for the years ended September 30, 2015 and 2014, respectively. In addition, a receivable amount of $526 and $674 was recorded within prepaid expenses and other current assets at September 30, 2015 and 2014, respectively.

(In thousands)

10. Functional Expenses

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

	2015	2014
Health care services	$328,916	$313,042
General and administrative	65,640	62,305
Depreciation and amortization	24,532	25,397
Medicaid enhancement tax	12,800	16,437
Interest expense	3,879	4,057
	$435,767	$421,238

Fundraising related expenses were $829 and $751 for the years ended September 30, 2015 and 2014, respectively.

11. Charity Care and Community Benefits (Unaudited)

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

	2015	2014
Community health services	$ 2,096	$ 2,098
Health professions education	4,268	3,814
Subsidized health services	30,096	30,691
Research	94	89
Financial contributions	1,030	948
Community building activities	44	53
Community benefit operations	128	96
Charity care costs (see Note 1)	6,132	16,666
	$43,888	$54,455

In addition, the Hospital incurred costs for services to Medicare and Medicaid patients in excess of the payment from these programs of $80,268 and $70,152 in 2015 and 2014, respectively.

(In thousands)

12. Concentration of Credit Risk

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

	2015	2014
Patients	13%	14%
Medicare	33	35
Anthem Blue Cross	13	14
Cigna	5	6
Medicaid	13	11
Commercial	22	19
Workers' compensation	1	1
	100%	100%

13. Volunteer Services (Unaudited)

Total volunteer service hours received by the Hospital were approximately 37,000 in 2015 and 37,300 in 2014. The volunteers provide various nonspecialized services to the Hospital, none of which has been recognized as revenue or expense in the accompanying consolidated statements of operations.

14. Fair Value Measurements

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

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

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

(In thousands)

14. Fair Value Measurements (Continued)

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

In determining the appropriate levels, the System performs a detailed analysis of the assets and liabilities. There have been no changes in the methodologies used at September 30, 2015 and 2014. In accordance with ASU 2015-07, certain investments that are measured using the net value per share practical expedient have not been classified in the fair value hierarchy, which is a change from the 2014 presentation. See Note 1.

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

	Level 1	Level 2	Level 3	Total
2015				
Cash and cash equivalents	$ 19,441	$ –	$ –	$ 19,441
Fixed income securities	40,294	–	–	40,294
Marketable equity and other securities	58,210	–	–	58,210
Inflation-protected securities and other	8,028	–	–	8,028
Trust funds administered by others	–	–	10,489	10,489
	$125,973	$ –	$10,489	136,462
Funds measured at net asset value:				
Marketable equity and other securities				157,657
Inflation-protected securities and other				10,789
				$304,908
2014				
Cash and cash equivalents	$ 19,399	$ –	$ –	$ 19,399
Fixed income securities	46,014	–	–	46,014
Marketable equity and other securities	55,964	–	–	55,964
Inflation-protected securities and other	14,159	–	–	14,159
Trust funds administered by others	–	–	11,070	11,070
	$135,536	$ –	$11,070	146,606
Funds measured at net asset value:				
Marketable equity and other securities				163,560
Inflation-protected securities and other				10,880
				$321,046

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

(In thousands)

14. Fair Value Measurements (Continued)

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

A reconciliation of the fair value measurements using significant unobservable inputs (Level 3) is as follows for 2015 and 2014:

	Trust Funds Administered by Others
Balance at September 30, 2013	$10,678
Net realized and unrealized gains	392
Balance at September 30, 2014	11,070
Net realized and unrealized losses	(581)
Balance at September 30, 2015	$10,489

In accordance with ASU 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, the table below sets forth additional disclosures for investment funds (other than mutual funds) valued based on net asset value to further understand the nature and risk of the investments by category:

	Fair Value	Unfunded Commit-ments	Redemption Frequency	Redemption Notice Period
September 30, 2015:				
Funds-of-funds	$50,786	$ –	Monthly	6 – 15 days
Funds-of-funds	51,056	–	Quarterly	45 – 65 days
Funds-of-funds	9,221	–	Annual	90 days
September 30, 2014:				
Funds-of-funds	$61,418	$ –	Monthly	5 – 15 days
Funds-of-funds	41,275	–	Quarterly	45 – 65 days
Funds-of-funds	9,000	–	Annual	90 days

Investment Strategies

Fixed Income Securities

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

14. Fair Value Measurements (Continued)

Marketable Equity and Other Securities

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

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

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

Inflation-Protected Securities

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

Fair Value of Other Financial Instruments

Other financial instruments consist of accounts and pledges receivable, accounts payable and accrued expenses, estimated third-party payor settlements, and long-term debt and notes payable. The fair value of all financial instruments other than long-term debt and notes payable approximates their relative book values as these financial instruments have short-term maturities or are recorded at amounts that approximate fair value. The fair value of the System's long-term debt and notes payable is estimated using discounted cash flow analyses, based on the System's current incremental borrowing rates for similar types of borrowing arrangements. The carrying value and fair value of the System's long-term debt and notes payable amounted to $103,355 and $121,963, respectively, at September 30, 2015, and $111,626 and $132,106, respectively, at September 30, 2014.

CONCORD HOSPITAL
BOARD OF TRUSTEES
2016

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Claudia Walker

Treasurer (not Member of the Board):
Bruce Burns

1/16

RESUME

MARIE DEWITT, RN

Experience:

Concord Hospital Family Health Center, Concord, NH, 03301 – June 1, 2015, BCCP Site Coordinator

Catholic Medical Center, Manchester, NH 03102 Community Services - August 1999 to present

BCCP Site Coordinator/Case Manager - Manage and carry out all aspects of the Breast and Cervical Cancer Program (BCCP) including the planning, organization and implementation of services, assuring that all BCCP standards, as outlined in the Policy and Procedures Manual are met. Coordination and scheduling of staff and dates for BCCP screenings. To insure the objectives and volume projections of women entering and being seen by BCCP are met based upon state grant. To identify and resolve barriers that would prevent women enrolled in the program from obtaining services and receiving the necessary case management follow-up. Establish and maintain positive working relationships within hospital, community and state.

Community Education and Wellness Educator, 1998 -1999
Community health screenings, elementary school programs, strong living program, and BCCP.

RN, Medical Rehabilitation 1992 - 1998
Primary care nurse, w/e nurse leader, case management of patients.
Short Stay Unit, patient care, pre and post procedure. Diabetes Educator, working with inpatient's as well as outpatient population.

New England College - Henniker, NH 03242
1985 - 1987 Secretary for Education Department
Assistant to Administration, Student Affairs

Education:

NHTI, Concord, NH 03301 1989-1992
Associates degree in Nursing

1998 - present, various courses towards BSN degree,
medical coding. UNH & Manchester Community College

Resume
Martha E. Seery

Career History

2014 – Present	Concord Hospital Concord, NH	Administrative Director NH Dartmouth Family Medicine Residency, Concord Hospital Family Health Center Center for Integrative Medicine

Responsible for maintaining the balance of academic, clinical and managerial operations, ensuring that all staffs are working at optimal levels of performance, performance metrics are understood, monitored, and achieved, budgets are developed and maintained in order to sustain operations in a fiscally viable manner, patient satisfaction levels and employee engagement levels are excellent, and ultimately ensure that the mission, vision, and values are upheld. Practice Management curriculum coordinator.

2007 – 2014	Concord Hospital	Administrative Director NH Dartmouth Family Medicine Residency

Provide leadership and coordination of the Family Practice Residency Program to advance the position of Concord Hospital and Family Medicine Residency's mission and objectives at all sites. Oversee the Family Practice Residency operations to insure quality graduate medical education, efficiency and cost-effective management of resources. Ensure compliance with all academic requirements. Practice Management curriculum coordinator.

2003 - 2007	Concord Hospital	Manager NH Dartmouth Family Medicine Residency

Responsible for the operational management of the day to day activities of the Family Medicine Residency and integrates the residency into the organization's vision, mission, values and operational systems.

1989 – 2003	Elliot Health System Elliot Hospital Manchester, NH	Director, Demand Management 1992 - 2002 Physician Services Coordinator 1989 - 1992

Responsible for start-up, development and oversight of a 24-hour health information call center. Oversee daily operations including community telephone triage, after-hours physician practice triage, physician referral and class registration for Elliot Health System.

1988- 1989	Elliot Health Systems Northeast Health Services	Supervisor
1983 – 1987	Computervision Corporation Manchester, NH	Data Coordinator

Bachelor of Science coursework
Southern NH University

Leadership Training courses: Personalities at Work, Positive Power and Influence, Situational Leadership, Advanced Positive Power and Influence, Negotiation Skills, and Emotional Intelligence

Suzanne Williams

EMPLOYMENT EXPERIENCE

Concord Hospital Family Health Center, *Concord, NH 03301*
Practice Manager
April 2008 – Current

- *Directs non-clinical office operations*
- *Business staff performance management*
- *Registration, charge entry and medical records management*
- *Supports and monitors department quality goals and initiatives*
- *Responsible for customer relations*
- *Ensures compliance with State, Local and Federal regulatory requirements*
- *Acts as a conduit for department and organizational communication*

CIGNA HealthCare of New Hampshire, *Hooksett, NH 03106*
Employer Services Operations Manager
January 2001 – April 2008

Member Services Manager
August 1998 – December 2000

Member Services Supervisor
May 1996 – August 1998

Member Services Team Leader
September 1995 – May 1996

Member Services Representative
February 1991 – September 1995

Welcome Plan Representative
September 1988 – February 1991

EDUCATION

Franklin Pierce College*, Concord, NH 03301*
1998-2000 Business Management

RESUME: PATRICIA C. FINN, RN

EXPERIENCE

Concord Hospital, Concord, NH
Clinical Manager – Family Health Center, August 2006 – present

- Accountable for clinical, quality and fiscal management in collaboration with the Family Health Center (FHC) management team and the Administrative Director. Participates in development of operating and program budgets and ensures that areas of responsibility remain within approved levels
- In collaboration with the Medical Director and nursing leadership, develops systems, procedures and metrics consistent with organizational mission and goals
- Assures compliance with all requirements of State of New Hampshire Board of Pharmacy license as a Limited Retail Drug Distributor-Public Health Clinic
- Lead and develop staff in their professional and personal development, including clinical and organizational competency

Concord Hospital, Concord, NH
Clinical Leader – 5 South, Pulmonary Care Unit, August 2004 – August 2006

Concord Hospital, Concord, NH
Registered Nurse/Resource Person – Progressive Care Unit, January 2003 –August 2004

Southern New Hampshire Medical Center, Nashua, NH
Registered Nurse/Clinical Leader, April 1997 – December 2002

New England College, Henniker, NH
Registered Nurse, September 1995 – March 1997

Wediko Children's Services, Windsor, NH
Registered Nurse, June 1993 - September 1995

Work experience prior to nursing, June 1983-June 1993
Office administration, personnel management, marketing

EDUCATION

Bates College, Lewiston, ME
B.A. in English, 1983

New Hampshire Technical Institute, Concord, NH
A.S. in Nursing, 1993

New England College, Henniker, NH
M.S. in Management, 2006
Area of Concentration: Healthcare Administration

St. Joseph's College of Maine, Standish, ME
Currently enrolled in M.S.N. degree program in Nursing Administration with anticipated completion date of October 2015

P. TRAVIS HARKER, MD, MPH

Education & Training

NH Dartmouth Family Practice Residency & Dartmouth Leadership and Preventive Medicine Residency, Concord Hospital, Concord, New Hampshire
June 2002—December 2006
- Paul W. Ambrose Fellow in Leadership and Preventive Medicine

Dartmouth College of Medicine Center for the Evaluative Clinical Sciences, Hanover, New Hampshire
MPH conferred June 2006
September 2002—June 2006

The Ohio State University College of Medicine and Public Health, Columbus, Ohio
MD conferred June 2001
September 1996—June 2001

The Ohio State University College of Arts and Sciences, Columbus, Ohio
B.S. conferred June 1996. Major: Biology, Minor: Spanish
September 1992—June 1996

Positions & Employment

Medical Director, Concord Hopsital Family Health Center, Concord and Hillsborough Deering Concord Hopital, Concord, NH
2012 - Present

Clinical Leader, Concord Hopsital Family Health Center, Concord
Concord Hoptial, Concord, NH
2006-2012

Faculty, NH Dartmouth Family Medicine Residency, Leadership Preventive Medicine Concord Hospital, Concord, NH
December 2006—Present
- Chair, Quality Improvement Committee
- Clinical leader
- Faculty Supervisor of Medical Students

Assistant Professor of Community and Family Medicine, Dartmouth Medical School, Hanover New Hampshire
December 2006—Present

Research Fellow, Office of Disease Prevention and Health Promotion, Department of Health and Human Services, Washington D.C.

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Concord Hospital, Inc.

Name of Contract: Primary Care - BCCP

BUDGET PERIOD:	SFY 17			
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	23845
Patricia Ball, RN	BCCP Site Coordinator	$36,244	100.00%	$23,845.00
Martha Seery	Director	$113,593	0.00%	$0.00
Suzanne Williams	Practic Manager	$88,301	0.00%	$0.00
Patricia Finn, RN	Clinical Manager	$98,970	17.32%	$0.00
Open	Medical Director	$176,500	0.00%	$0.00
		$0	0.00%	$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				**$23,845.00**

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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

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

Nicholas A. Toumpas
Commissioner

Marcella Jordan Bobinsky
Acting Director

G+C Approved:
Date: 6/24/15
Item # 58

June 1, 2015

Her Excellency, Governor Margaret Wood Hassen
And the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **sole source** amendments with the vendors listed in the table below for the provision of primary care services, breast and cervical cancer screening services and screening, brief intervention and referral to treatment for alcohol and drug misuse by increasing the total price limitation by $8,986,056 from $10,143,156 to $19,129,212 and extending the completion date from June 30, 2015 to June 30, 2017 upon Governor and Executive Council approval. 75.2% General Funds / 24.8% Federal Funds

The original contract, approved in 2012, included a two (2) year renewal option. The Department exercised a one (1) year renewal in 2014. The Department is now seeking to extend the contracts for two (2) two additional years through these sole source amendments. The Governor and Executive Council approved the original contracts and subsequent amendments as follows:

Vendor & Vendor Number	Location	G&C Approval	Amended	Current Budget	Increase/ (Decrease)	Modified Budget Amount
Ammonoosuc Community Health Services, Inc. (177755-R001)	North Grafton/ South Coos	6/20/12 (Item #128)	5/8/14 (Item #34A)	$667,687	$540,879	$1,208,566
Concord Hospital, Inc. (177653-B011)	Merrimack/ Hillsborough	6/20/12 (Item #133)	5/8/14 (Item #34A)	$992,198	$788,937	$1,781,135
Coos County Family Health Services (155327-B001)	Eastern Coos	6/20/12 (Item #130)	5/8/14 (Item #34A)	$427,142	$371,229	$798,371
Families First of the Greater Seacoast (166629-B001)	Seacoast Area	6/20/12 (Item #134)	5/8/14 (Item #34A)	$624,540	$506,291	$1,130,831

Families First of the Greater Seacoast (166629-B001)	Seacoast Area - Homeless	6/6/12 (Item #69)	5/8/14 (Item #34B)	$218,537	$240,101	$458,638
Goodwin Community Health Center (154703-B001)	Strafford County	6/20/12 (Item #135)	5/8/14 (Item #34A)	$1,095,268	$825,647	$1,920,915
Harbor Homes (155358-B001)	Southern Hillsborough County - Homeless	6/6/12 (Item #68)	5/8/14 (Item #34B)	$225,045	$209,393	$434,438
Health First Family Care Center (158221-B001)	Central/East ern Belknap	6/20/12 (#131)	5/8/14 (Item #34)	$748,658	$586,113	$1,334,771
Indian Stream Health Center (165274-B001)	Northern Coos	6/20/12 (Item #125)	5/8/14 (Item #34A)	$259,157	$239,237	$498,394
Lamprey Health Care (177677-B001)	Central Southern/ Eastern NH	6/20/12 (Item #136)	5/8/14 (Item #34A)	$1,696,513	$1,299,195	$2,995,708
Manchester Community Health Center (157274-B001)	Greater Manchester	6/20/12 (Item #132)	5/8/14 (Item #34A)	$1,051,425	$1,435.139	$2,486,564
Manchester Health Department (177433-B009)	Greater Manchester - Homeless	6/20/12 (Item #124)	5/8/14 (Item #34B)	$232,205	$250,169	$482,374
Mid-State Health Center (158055-B001)	Central Northern Belknap	6/20/12 (Item #126)	5/8/14 (Item #34A)	$444,862	$406,811	$851,673
New London Hospital Association, Inc. (177167-R005)	Sullivan County	6/20/12 (Item #129)	5/8/14 (Item #34A)	$587,923	$487,419	$1,075,342
Weeks Medical Center (177171-R001)	Western Coos	7/11/12 (Item #31)	5/8/14 (Item #34A)	$292,483	$306,707	$599,190
White Mountain Community Health Center (174170-R001)	Northern Carroll	6/20/12 (Item #127)	5/8/14 (Item #34A)	$579,513	$492,789	$1,072,302
			Total:	**$10,143,156**	**$8,986,056**	**$19,129.212**

Funds are anticipated to be available in the following accounts for State Fiscal Years 2016 and in State Fiscal Year 2017 upon the availability and continued appropriation of funds in the future operating budgets with the ability to adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified without further approval from the Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

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

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

05-95-049-491510-2990 DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES

Please see attachment for fiscal details.

EXPLANATION

These amendments are **sole source** because the Department is renewing the contracts for two (2) additional years after exercising a one (1) year renewal option in 2014 as allowable in Exhibit C, Special Provisions, paragraph 17 of the contracts, and adding to the scope of services for community health centers that provide primary care services, statewide.

This package includes sixteen (16) of sixteen (16) contracts being amended.

Community health centers provide primary health care services that include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. These vendors deliver primary and preventive health care services to underserved people who face barriers to accessing health care due to issues such as a lack of insurance, inability to pay, language barriers and geographic isolation.

In addition to medical care, community health centers are unique among primary care providers for the array of enabling patient-centered services such as care coordination, translation services, transportation, outreach, eligibility assistance, and health education. These services assist individuals to overcome barriers to obtaining the care they need to achieve their optimal health.

Breast and cervical cancer screening services are provided as part of the preventative health care services in the community health care centers. Breast and cervical cancer screening services include clinical examinations, pap smears and referral for mammography. Through these services, individuals with abnormal test results receive additional coverage or

diagnostic work-ups and, if necessary, coordination of care from initial diagnosis through obtaining necessary treatment.

The vendors, through these amendments, will add infrastructure to provide screening, brief intervention and referral to treatment services for early identification of problematic drug and alcohol use of individuals receiving primary care services. Developing the infrastructure to provide these additional services will enable community health centers to refer those individuals who need specialized treatment to other community service agencies, which will result in optimal coordination and continuity of care.

Vendors will use funding to train staff, hire new medical assistants and/or qualified behavioral health staff necessary to institute and/or review screening, brief intervention and referral to treatment services. Staff training will include the integration of primary care and behavioral health teams to ensure program activities are conducted with fidelity to the Screening, Brief Intervention and Referral to Treatment model adopted by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Vendors will also purchase supplies and equipment that will be used specifically for integrating these services into everyday practices. Additionally, the vendors will utilize funding to support activities that will assist with building, modifying and/or enhancing technology based care approaches and electronic health record systems in order to include, extend, track and record these additional mental health services.

A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. This request includes three (3) vendors who provide primary care and universal screening services to homeless individuals, who otherwise would have no access to health care. These agreements provide funds to community health centers for services as a last resort. Vendors are required to make every effort to bill all other payers including but not limited to private and commercial insurances, Medicare, and Medicaid prior to billing the Department through these contracts.

Should Governor and Executive Council not authorize this request, low-income individuals statewide may not have adequate access to primary care services. Some women may not receive recommended breast and cervical cancer screenings, which would increase their risk of having an untreatable stage of cancer. Additionally, undetected alcohol and drug misuse could result in increases of alcohol and drug related accidents and deaths, which would negatively impact NH citizens.

Area Served: Statewide.

Source of Funds: 75.2% General Funds

24.8% Federal Funds (CFDA #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse. FAIN #T1010035-14; CFDA #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds. FAIN # U58DP003930; CFDA #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States. FAIN #B04MC28113.)

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

Respectfully submitted,

Marcella Bobinsky
Acting Director
Division of Public Health Services

for Diane Langley
Acting Director
Division of Community Based Care Services

Approved by:
Nicholas A. Toumpas
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services Contract

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") dated this, 30th day of April, 2015 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Concord Hospital, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 250 Pleasant Street, Concord, NH 03301.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #133) and amended by an agreement (Amendment #1 to the Contract) approved on May 8, 2014 (Item #34A), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement, and Exhibit C, Special Provisions, Paragraph 17, the State may amend the contract terms and conditions and renew the contract for two (2) additional years by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for two additional years, add services to Exhibit A, Scope of Services and increase the price limitation; and

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

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
   June 30, 2017
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
   $1,781,135
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read:
   Eric D. Borrin
4. Form P-37, General Provisions, Item 1.10, State Agency Telephone Number, to read:
   (603) 271-9558
5. Delete Exhibit A, Scope of Services and Exhibit A-1 Amendment 1, Scope of Services and replace with Exhibit A – Amendment #2.
6. Delete Exhibit A-1 Amendment #1 - Performance Measures and replace with Exhibit A-1 Amendment #2 – Performance Measures.

7. Delete Exhibit B, Purchase of Services Contract Price and replace with Exhibit B – Amendment #2, Method and Conditions Precedent to Payment.
8. Add Exhibit B-1, Budget Form Primary Care through Exhibit B-6, Budget Form SBIRT.
9. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Period Covered by this Certification, to read:

   From 7/1/2012 to 6/30/2017
10. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read:

    July 1, 2012 through June 30, 2017
11. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.

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

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

State of New Hampshire
Department of Health and Human Services

Date 6/9/15

NAME: Brook Dupee
TITLE: Bureau Chief Acting Director

Concord Hospital, Inc.

Date 6/2/2015

NAME Robert P. Steigmeyer
TITLE President and CEO

Acknowledgement:
State of NH, County of Merrimack on June 2nd 2015, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Name and Title of Notary or Justice of the Peace

CHRISTINA DECATO
MY COMMISSION EXPIRES APRIL 18, 2017
NOTARY PUBLIC
NEW HAMPSHIRE

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

OFFICE OF THE ATTORNEY GENERAL

9/10/15
Date

Name: Megan A. Yarker
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

_____
Date

Name:
Title:

Scope of Services

1. Provisions Applicable to All Services

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

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

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

1.4.1. Uninsured.

1.4.2. Underinsured.

1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5. **Breast and Cervical Cancer Screening** Services shall be provided to women ages twenty-one(21) through sixty-four (64) who are:

1.5.1. Uninsured.

1.5.2. Underinsured.

1.5.3. Low-income, which is defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.6. **Screening, Brief Intervention and Referrals to Treatment** (SBIRT) Services shall be provided to all individuals who seek services described in Section 1.4 and Section 1.5, above.

1.7. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.7.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

Contractor's Initials: AHS

Date 6/2/2015

1.7.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.7.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or Breast and Cervical Cancer Screening Services for new patients is limited or closed for more than a one month period.

2.2. The Contractor shall maintain documentation for each individual receiving services described in this contract that includes, but is not limited to:

2.2.1. Family income.

2.2.2. Family size.

2.2.3. Income in relation to the Federal Poverty Guidelines.

2.3. The Contractor shall assist individuals with completing a Medicaid application when income calculations indicate possible Medicaid eligibility.

2.4. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.5. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.5.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.5.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.3. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.4. Assessment of need for:

3.1.4.1. Tobacco cessation, including referral to NH Quitworks, as appropriate.

3.1.4.2. Social services.

Contractor's Initials: AB

Date 6/2/2015

3.1.4.3. Nutrition services, including WIC, as appropriate.

3.1.4.4. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which shall include, but not be limited to:

3.2.1. Access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.2.2. Care facilitated by registries, information technology, health information exchange and other means to assure that patients get the necessary care when and where they need and want it in a culturally and linguistically appropriate manner.

3.2.3. An integrated model of primary care that may include, but is not limited to:

3.2.3.1. Behavioral health.

3.2.3.2. Oral health.

3.2.3.3. Use of navigators and case management.

3.2.3.4. Co-location of services and system-level integration of care and fiscal accountability.

3.3. The Contractor can choose to provide enabling services, if the budget allows, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor can facilitate enabling services that include, but are not limited to:

3.3.1. Case management.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

3.4. The Contractor must elect to do at least one (1) quality improvement project which consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall facilitate a minimum of one (1) quality improvement project that includes, but is not limited to:

3.4.1. Enhancing clinical workflow/improve patient outcomes by methods that may include, but are not limited to:

3.4.1.1. Alerts.

3.4.1.2. Guidelines.

3.4.1.3. Diagnostic support.

3.4.1.4. Patient registries.

3.4.1.5. Collaborative learning sessions, etc.)

3.4.2. Implementing projects that lead to measurable improvements on any of the performance measures and indicators identified in Exhibit A-1 Amendment #2

3.4.3. Utilizing defined improvement processes to coordinate quality improvement activities.

3.4.4. Identifying and defining specific goals and objectives to be achieved in the project period.

4. Breast and Cervical Cancer Screening Services

4.1. The Contract shall develop work plans based on performance measures in Exhibit A-1 that include activities related to:

4.1.1. The provision of breast and cervical cancer screening.

4.1.2. The promotion of breast and cervical cancer screening.

4.2. The Contractor shall implement evidence-based interventions outlined in the Centers for Disease Control and Prevention Guide to Community Preventative Services (http://www.thecommunityguide.org/index/html) to support the provision and promotion of breast and cervical cancer screening rates, including but not limited to provider reminder systems and patient reminders.

4.3. The Contractor shall provide breast and cervical cancer screening for the early detection of breast and cervical cancer in accordance with the policies and procedures outlined in the BCCP Policy and Procedure Manual, following nationally accepted screening recommendations. Screenings shall include but not be limited to:

4.3.1. Clinical pelvic examinations.

4.3.2. Clinical breast examinations.

4.3.3. Mammograms.

4.3.4. Pap and HPV tests, if appropriate.

4.3.5. Referrals for diagnostic and treatment services, as necessary.

4.4. The Contractor shall provide services to the number of individuals as follows:

4.4.1. 75% of all mammograms shall be provided to women ages fifty (50) to sixty-four (64) at all screening sites.

Contractor's Initials: MPA

Date 6/2/2015

4.4.2. A maximum of 25% of all mammograms shall be provided to women under the age of fifty (50) at all screening sites.

4.4.3. 20% of newly enrolled women for Pap tests shall be provided at all screening sites to women who have not had a Pap test in over five (5) years.

4.5. The Contractor shall ensure all referrals are made in accordance with the minimum standards outlined in the BCCP Policy and Procedure Manual to facilities that provide approved and certified laboratory, pathology, radiology and surgical services. The Contractor shall ensure:

4.5.1. Mammography units are accredited by the American College of Radiology and FDA certified under MQSA.

4.5.2. Laboratories are CLIA certified.

4.6. The Contractor shall ensure all services and case management activities are completed in accordance with the BCCP Policy and Procedure Manual, including but not limited to follow-up and tracking of all client tests results and referrals.

4.7. The Contractor shall provide screening promotion for all eligible individuals, which includes, but is not limited to:

4.7.1. Patient navigation services that assist individuals to overcome health systems barriers and facilitate timely access to:

4.7.1.1. Quality breast and cervical cancer screening.

4.7.1.2. Breast and cervical cancer diagnostics.

4.7.1.3. Initiation of breast and cervical cancer treatment, when applicable.

4.7.1.4. Assurance that patient navigation services are terminated when the patient:

4.7.1.4.1. Completes screening and has normal results.

4.7.1.4.2. Completes diagnostic testing and has normal results.

4.7.1.4.3. Initiates breast and/or cervical cancer treatment or refuses treatment.

4.7.2. Patient navigation services shall include, but not be limited to:

4.7.2.1. A written assessment of individual client barriers.

4.7.2.2. Client education and support.

4.7.2.3. Assistance with resolving client barriers, including but not limited to transportation and translation services, as appropriate.

4.7.2.4. Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiation of treatment, as needed.

4.7.2.5. A minimum of two contacts with the client, either in person or by telephone.

Contractor's Initials: MB

Date 6/2/2015

4.7.2.6. Collecting data to evaluate the primary outcomes of patient navigation, which shall include adherence to screening, diagnostic testing and cancer treatment initiation.

4.7.2.7. Tracking of patients lost to follow-up, as appropriate.

5. Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services

5.1. The Contractor shall develop the infrastructure necessary to provide and record Screening, Brief Intervention, and Referral to Treatment (SBIRT) services related to substance use for all eligible individuals ages nineteen (19) to sixty-five (65) years and for all pregnant women, regardless of age, receiving services in Section 3 and/or Section 4. The Contractor shall:

5.1.1. Provide training to integrated primary care and behavioral health teams to ensure SBIRT activities are conducted with fidelity to the model in Section 5.1.

5.1.2. Modify and/or adapt current Electronic Health Records (EHR) systems in order to track SBIRT:

5.1.2.1. Activities

5.1.2.2. Completions.

5.1.2.3. Recommendations and referrals.

5.1.2.4. Follow-ups.

5.1.3. Utilize Substance Use Disorder (SUD) codes in the EHR for billing that shall:

5.1.3.1. Enable submission for payment through NH Managed Care/Medicaid and other insurance companies.

5.1.3.2. Allow the generation of reports.

5.2. The Contractor shall implement SBIRT services by ensuring sufficient qualified staff are available to conduct SBIRT services according to the SBIRT model described by the Centers for Disease Control (CDC), available on-line at http/www.dcd.gov/ncddd/fasd/documents/aloholsbiimplementationguide.pdf. The Contractor shall:

5.2.1. Implement SBIRT services by including SBIRT activities in daily operations.

5.2.2. Use one or more of the screening instruments listed in Appendix E of "Systems-Level Implementation of Screening, Brief Intervention and Referral to Treatment. TAP 33" (2013 edition) (http://www.integration.samhsa.gov/sbirt/TAP33.pdf) and document screening in the electronic health record (EHR).

5.2.3. Conduct brief interventions with patients who screen positive for potential substance use concerns and document activities in the EHR.

5.2.4. Refer patients to Substance Use Disorder (SUD) treatment services as necessary, and ensure each patient has connected with the specific service

provider by documenting in the EHR, which is audited to ensure appropriate follow up.

5.2.5. Conduct SBIRT with covered populations that include all adults on an annual basis and pregnant women on a trimester basis.

5.3. Coordinate care between community health center (CHC) services and external treatment providers by collaborating with entities that provide SUD treatment services not available at the CHC. The Contractor shall:

5.3.1. Obtain client consents to contact service providers in order to resolve any barriers to accessing services.

5.3.2. Refer patients for SUD services, as needed.

5.3.3. Follow up with patient and/or SUD service provider to ensure appropriate services are provided.

5.3.4. Work with Regional Public Health Networks (RPHNs) to identify new SUD referral resources as they become available.

5.4. The Contractor shall test SBIRT fidelity with a subset of the target population prior to full implementation for all adults ages nineteen (19) to sixty-five (65) annually and pregnant women at each trimester.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall ensure staff delivering SBIRT services have, at minimum, one of the following:

6.3.1. Masters prepared behavioral health practitioners. This includes individuals licensed under the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board.

6.3.2. Masters prepared and in the process of obtaining a license from the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board, while under the supervision of a licensed practitioner of the same profession.

6.3.3. Physicians or Advanced Practice Registered Nurses licensed to practice in NH.

6.3.4. Physician Assistants or other practitioners under the supervision of a Physician licensed to practice in NH.

6.4. The Contractor may deliver breast and cervical cancer screening navigation services through a combination of staff, which may include the provision of outreach and education by lay persons with clinical case management services provided by either:

6.4.1. A registered nurse who:

6.4.1.1. Is licensed with the NH Board of nursing; or

6.4.1.2. Has attained bachelor's degree from a recognized college or university.

6.4.2. A nurse who is working under the direct supervision of a registered nurse, as described in Section 6.4.1.

6.5. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within one month of hired.

6.6. The Contractor shall notify the MCHS, in writing, when:

6.6.1. Any critical position is vacant for more than one month.

6.6.2. There is not adequate staffing to perform all required services for more than one month.

7. Coordination of Services

7.1. The Contractor shall coordinate referrals for continued care of treatment, or breast or cervical healthcare, with other service providers within the community, where possible.

7.2. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.2.1. Community needs assessments.

7.2.2. Public health performance assessments.

7.2.3. The development of regional health improvement plans.

7.3. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings.

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

Contractor's Initials: [illegible]

Date 6/2/2015

8.1.3. MCHS Agency Medical Services Directors' meetings.

8.1.4. BCCP Site Coordinators' annual meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall provide an annual BCCP Performance Workplan and Workplan Outcomes Report according to the schedule and instructions provided by the BCCP, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.

9.2. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

9.3. The Contractor shall submit an annual Workplan and Workplan Outcome Report for the quality improvement project(s) that demonstrates improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.4. If utilizing any portion of this contract for enabling services, the Contractor shall submit an annual Workplan and Workplan Outcome Report that includes at least one (1) performance measure for each type of enabling service provided. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.5. The Contractor shall complete the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st.

9.6. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.7. The Contractor shall submit monthly Outcome Reports for SBIRT services according to the schedule and instructions provided by the MCHS. The Contractor shall:

9.7.1. Collect information that includes, but is not limited to:

9.7.1.1. Description of the training provided, including but not limited to:

9.7.1.1.1. The content of the training provided.

9.7.1.1.2. The number of staff who received training.

9.7.1.2. The number of:

9.7.1.2.1. Qualified staff conducting SBIRT

Contractor's Initials: [illegible]

Date 12/2/2015

9.7.1.2.2. SBIRT billing codes developed.

9.7.1.2.3. SBIRT services billed to insurance.

9.7.1.3. Updates on any changes, enhancements or adaptations to SBIRT procedures in:

9.7.1.3.1. Technology based systems.

9.7.1.3.2. Staffing.

9.7.1.3.3. Coding and billing.

9.7.1.4. The total number of clients receiving SBIRT delineated by:

9.7.1.4.1. Percentage of clients receiving only screening.

9.7.1.4.2. Percentage of clients receiving brief interventions.

9.7.1.4.3. Percentage of clients referred for more intensive services who initiated services.

9.7.1.4.4. Percentage of clients referred for more intensive services who had problems connecting to services.

9.8. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

9.8.1. DPHS Budget Form.

9.8.2. Budget Justification.

9.8.3. Sources of Revenue.

9.8.4. Program Staff List, which includes staff titles

9.9. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.10. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

9.10.1. Survey template.

9.10.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance.

10.1.2. Administration.

10.1.3. Data collection and submission.

10.1.4. Clinical and financial management.

Contractor's Initials: MD

Date 6/2/2015

10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records.

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.2.3. SBIRT documentation, which includes but is not limited to:

10.2.3.1. SBIRT policies and procedures.

10.2.3.2. Staff credentials for all staff delivering SBIRT services

10.2.3.3. SBIRT procedures utilized and documented in patient records.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

Contractor's Initials: MLS

Date 6/2/2015

Exhibit A-1 – Amendment #2

1. PRIMARY CARE PERFORMANCE MEASURES

1.1. Breastfeeding

1.1.1. **Percent of infants who are ever breastfed** (Title V PM #10).

1.1.1.1. Numerator: Infants who were ever breastfed or received breast milk

1.1.1.2. Denominator: All infants born in a state fiscal year

1.2. Preventive Health: Lead Screening

1.2.1. **Percent of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.** (CMS, Hedis).

1.2.1.1. Numerator: At least one capillary or venous blood test on or before the child's second birthday.

1.2.1.2. Denominator: Children who turn 2 years old during the state fiscal year.

1.3. Preventive Health: Adolescent Well-Care Visit

1.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (Hedis, Title V PM #7).

1.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

1.3.1.2. Denominator: Number of adolescents, ages 12 through 21 years of age.

1.4. Preventive Health: Depression Screening

1.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (ACO 18, NQF 0418).

1.4.1.1. Numerator: Patients who are screened for clinical depression using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan documented.

1.4.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.1.3. Denominator: All patients 12 years and older.

1.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

Contractor Initials: MD
Date: 6/2/2015

1.4.2. **Maternal Depression Screening** (Developmental: not required for FY 16)

1.4.2.1. **Percentage of women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.**

1.4.2.1.1. Numerator: Women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool and screen negative.

AND

Women who are screened for depression during the post-partum visit using an appropriate standardized depression screening tool, screen positive, AND have a follow-up plan documented.

1.4.2.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.2.1.3. Denominator: All women who are at least 6 weeks post-partum in a state fiscal year.

1.4.2.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

1.5. **Preventive Health: Obesity Screening**

1.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (ACO 16, NQF 0421, HRSA UDS).

1.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

1.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters.

1.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist,

occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

1.5.1.4. Denominator: All patients aged 18 years and older who had at least one medical visit during the state fiscal year.

1.5.2. Percent of patients aged 2 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (HRSA UDS).

1.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

1.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

1.6. **Preventive Health: Tobacco Screening**

1.6.1. Percent of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user (ACO 17, NQF 0028, HRSA UDS).

1.6.1.1. Numerator: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.1.2. Definitions:

1.6.1.2.1. Tobacco Use: Includes any type of tobacco

1.6.1.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.1.3. Denominator: All patients aged 18 years and older seen for at least two visits ever

1.6.2. **Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user** (Title V, PM #15).

1.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.2.2. Definitions:

1.6.2.2.1. Tobacco Use: Includes any type of tobacco

1.6.2.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.2.3. Denominator: All women who delivered a live birth in a state fiscal year

1.7. **At Risk Population: Hypertension**

1.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year** (ACO 28, NQF 0018).

1.7.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm Hg at the time of their last measurement.

1.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension must have been diagnosed with hypertension 6 or more months before the measurement date. (Excludes pregnant women and patients with End Stage Renal Disease.)

1.8. **Patient Safety: Falls Screening**

1.8.1. **Percent of patients aged 65 years and older who were screened for future fall risk at least once within 12 months** (ACO 13, NQF0101).

1.8.1.1. Numerator: Patients who were screened for future fall risk at least once within 12 months.

1.8.1.2. Definition of Fall: a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of a sudden onset of paralysis, epileptic seizure, or overwhelming external force.

1.8.1.3. Numerator note: Patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year.

1.8.1.4. Denominator: All patients aged 65 years and older

1.8.1.5. Excluded from denominator population: (Exclusion only applied if patient was not screened for future fall risk) Documentation of medical reason(s) for not screening for future fall risk (e.g. patient is not ambulatory)

2. BCCP PERFORMANCE MEASURES

2.1. BCCP Performance Measure #1

2.1.1. **Measure:*** 78% of female patients age 24 through 64 years of age screened for cervical cancer per USPSTF guidelines.

2.1.2. **Numerator –** Number of female patients 24 through 29 years of age who have had a documented pap in the past 3 years AND female patients 30-64 who have either had a pap in the past 3 years OR an HPV test and a pap in the past 5 years

2.1.3. **Denominator –** Number of female patients 24 through 64 years of age who have had a visit in the past year and do not have evidence of having had a total hysterectomy.

2.1.4. **Data Source:** Chart audits or query of 100% of the **total** population of patients as described in the denominator.

2.1.5. *Measure based on the UDS measure

2.1.6. **Healthy People 2020 National Target is 93%

2.2. BCCP Performance Measure #2

2.2.1. **Measure:*** 75% of female patients age 52 through 74 years of age screened for breast cancer per USPSTF guidelines.

2.2.2. **Numerator –** Number of female patients 52 through 74 years of age who have had a documented mammogram in the past 24 months.

2.2.3. **Denominator –** Number of female patients 52 through 74 years of age who have had a visit in the past year and do not have evidence of having had a bilateral mastectomy.

2.2.4. **Data Source:** Chart audits or query of 100% of the **total** population of patients as described in the denominator.

2.2.5. *Measure based on the USPSTF Guidelines

2.2.6. ** Healthy People 2020 National Target is 81.1%

Contractor Initials: RLD
Date: 6/2/2015

3. SBIRT PERFORMANCE MEASURES

3.1. **Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services**

3.1.1. **Numerator:** Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention or referral to services.

3.1.2. Definitions

3.1.2.1. Substance Use: Includes any type of alcohol or drug.

3.1.2.2. Brief Intervention: Includes guidance or counseling.

3.1.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.1.3. Denominator: Number of patients aged 18 years and older seen for annual visit within 12 months.

3.2. **Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services**

3.2.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

3.2.2. Definitions:

3.2.2.1. Substance Use: Includes any type of alcohol or drug.

3.2.2.2. Brief Intervention: Includes guidance or counseling.

3.2.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the state fiscal year.

Contractor Initials: AAS
Date 6/2/2015

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   - 2.1. #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse.
   - 2.2. #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds.
   - 2.3. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #2, Scope of Services, in accordance with Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2.
4. The Contractor shall use and apply the amount in the SBIRT line item in Exhibit B-3 and Exhibit B-6 on actual SBIRT services provided.
5. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
6. Payment for said services shall be made as follows:
   - 6.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement for:
     - 6.1.1. Authorized expenses incurred in the prior month.
     - 6.1.2. The units of SBIRT services provided, in accordance with Exhibit A – Amendment #2, Section 5.2.2 through Section 5.2.5 and Section 5.3.1 through Section 5.3.3, which shall be paid on a fee-for-service basis at the following rates:
       - 6.1.2.1. $29.86 for each unit of service that is 15-30 minutes.
       - 6.1.2.2. $57.31 for each unit of service that is more than 30 minutes.
   - 6.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   - 6.3. The invoice must be submitted by mail or e-mail to:

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

Contractor Initials: AHS
Date: 6/2/2015

E-mail: dphscontractbilling@dhhs.state.nh.us

7. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
8. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
9. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
10. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: MD
Date: 6/2/2015

EXHIBIT B-3 AMENDMENT #2

SBIRT BUDGET SHEETS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Concord Hospital Family Health Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 66,500.00	$ -	$ 66,500.00	$ -	$ -	$ -	$ 66,500.00	$ -	$ 66,500.00
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 4,500.00	$ -	$ 4,500.00	$ -	$ -	$ -	$ 4,500.00	$ -	$ 4,500.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory)		$ -		$ -	$ -	$ -		$ -	$ -
SBIRT Services	$ 4,062.50	$ -	$ 4,062.50	$ -	$ -	$ -	$ 4,062.50	$ -	$ 4,062.50
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 75,062.50	$ -	$ 75,062.50	$ -	$ -	$ -	$ 75,062.50	$ -	$ 75,062.50
Indirect As A Percent of Direct		0.0%							

Contractor Initials: _____ 6/2/2015

Date: _____

EXHIBIT B-4 AMENDMENT #2

BUDGET FORM

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Concord Hospital Family Health Center

Budget Request for: Primary Care - BCCP

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 54,800.93	$ -	$ 54,800.93	$ -	$ -	$ -	$ 53,385.00	$ -	$ 53,385.00
2. Employee Benefits	$ 13,700.23	$ -	$ 13,700.23	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
300 visits @ 109.95 per visit	$ 32,985.00	$ -	$ 27,898.00	$ -	$ -	$ -		$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 101,486.16	$ -	$ 96,399.16	$ -	$ -	$ -	$ 53,385.00	$ -	$ 53,385.00
Indirect As A Percent of Direct		0.0%							

Date: 10/2/2015

Contractor's Initials: [signature]

EXHIBIT B-6 AMENDMENT #2

SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Concord Hospital Family Health Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory)		$ -	$ -	$ -	$ -	$ -		$ -	$ -
SBIRT Services	$ 4,062.50	$ -	$ 4,062.50	$ -	$ -	$ -	$ 4,062.50	$ -	$ 4,062.50
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 4,062.50	$ -	$ 4,062.50	$ -	$ -	$ -	$ 4,062.50	$ -	$ 4,062.50
Indirect As A Percent of Direct		0.0%							

Contractor Initials: 6/2/2015

Date: 6/2/15

5/8/14
34A MJ

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
Fax: 603-271-4506 TDD Access: 1-800-735-2964

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

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

G+C Approved
Date 5/8/14
Item #34A

March 28, 2014

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

Retroactive
Sole Source
13% Federal Funds
87% General Funds

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend agreements with 13 vendors by increasing the total price limitation by $4,293,569 from $5,173,800 to $9,467,369 to provide primary care services. This amount includes a request to **retroactively** enter into **sole-source** amendments in an amount of $648,347, effective **retroactive** to July, 1, 2013 through June 30, 2014 and to exercise a one-year renewal option with the same 13 vendors in an amount of $3,645,222, extending the completion date from June 30, 2014 to June 30, 2015, effective upon Governor and Council approval. Twelve of these agreements were originally approved by Governor and Council on June 20, 2012, Item numbers 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, and one agreement was originally approved by Governor and Council on July 11, 2012, Item number 31.

Summary of contracted amounts by vendor:

Vendor	Location	SFY 2014 Amount	SFY 2015 Amount	Total Increase
Ammonoosuc Community Health	North Grafton/ South Coos	$42,661	$254,172	$296,833
Concord Hospital, Inc.	Merrimack/ Hillsborough	$64,413	$376,377	$440,790
Coos County Family Health	Eastern Coos	$24,351	$159,685	$184,036
Families First of the Greater Seacoast	Seacoast Area	$41,892	$242,094	$283,986
Goodwin Community Health	Strafford County	$74,293	$420,579	$494,872
Health First Family Care Center	Central/Eastern Belknap	$55,968	$292,214	$348,182
Indian Stream Health Center	Northern Coos & Colebrook	$18,030	$100,409	$118,439
Lamprey Health Care, Inc.	Central Southern/Eastern NH	$119,828	$654,249	$774,077
Manchester Community Health Center	Greater Manchester Area	$71,392	$407,637	$479,029
Mid-State Health Center	Central Northern Belknap	$35,001	$175,511	$210,512
The New London Hospital, Inc.	Sullivan County	$39,566	$225,093	$264,659
Weeks Medical Center	Western Coos	$20,652	$113,557	$134,209
White Mountain Community Health	Northern Carroll	$40,300	$223,645	$263,945
TOTAL		**$648,347**	**$3,645,222**	**$4,293,569**

Funds to support this request are available in the following accounts for SFY 2014 and SFY 2015, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

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

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

See attachment for financial details

EXPLANATION

Approval is requested **retroactive** to July 1, 2013. The services provided by these contracts are consistent with prior contracts and were included in the operating budget for SFY 2014 and SFY 2015. Contracts were delayed, however, since the exact amount of funding available was only recently determined. The SFY 2014 amendments are **sole source** because they exceed more than 10% of the original contract amount.

This requested action seeks approval of 13 amendments that represents $4,293,569 total anticipated to be spent statewide to continue breast and cervical cancer screening and office-based primary care services for low-income and uninsured families. In the interest of efficiency, the contract amendments are being bundled as they are providing the same services, and because of the size of the resulting Governor and Council submission, the copies provided are abbreviated in the interest of saving resources. The Councilors and the public can view the entire submission package on the Secretary of State's website.

Primary health care services include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved people who face barriers to accessing health care, due to issues such as a lack of insurance, inability to pay, language barriers, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. These services help individuals overcome barriers to getting the care they need and achieving their optimal health. One area of particular success has been in ensuring that eligible families maintain consistent enrollment in Medicaid for their children. Community health centers provide support for families in filling out applications and ensuring that children have continuity of care.

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program

provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for mammography. Through this program, women found to have abnormal screening results, following their testing, receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, low-income individuals statewide may not have adequate access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late diagnosis of breast and cervical cancers.

Contracts were awarded to Primary Care agencies through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by teams of three professionals. All reviewers have between three to 20 years' experience managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, these competitively procured Agreements have the option to renew for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. The Department is exercising one year of this renewal option.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. All Primary Care vendors are making adequate progress in meeting clinical performance measures and the Departments wishes to continue working with the vendors for another year.

The performance measures as described in the contract amendment Exhibit A – Amendment 1 – Performance Measures, will be used to continue to measure the effectiveness of the agreement.

Area to be served is statewide.

Source of Funds: 13.09% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau; Centers for Disease Control and Prevention and 86.91% General Funds.

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

Respectfully submitted,

Brook Dupee for

José Thier Montero, MD, MHCDS
Director

Approved by:

Nicholas A. Toumpas
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Concord Hospital, Inc.

This 1st Amendment to the Concord Hospital, Inc., contract (hereinafter referred to as "Amendment One") dated this 7th day of March, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Concord Hospital, Inc., (hereinafter referred to as "the Contractor"), a corporation with a place of business at 250 Pleasant Street, Concord, New Hampshire 03301.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

WHEREAS, the Department desires to provide additional primary health care services for preventive and episodic health care for acute and chronic health conditions for people of all ages.

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

To amend as follows:

- Form P-37, to change:
  Block 1.7 to read: June 30, 2015
  Block 1.8 to read: $992,198

- Exhibit A, Scope of Services to add:
  Exhibit A – Amendment 1

- Exhibit B, Purchase of Services, Contract Price, to add:

  Paragraph 1.1 to Paragraph 1:
  The contract price shall increase by $64,413 for SFY 2014 and $376,377 for SFY 2015.

  Paragraph 1.2 to Paragraph 1:
  Funding is available as follows:
- $64,413 from 05-95-90-902010-5190-102-500731, 100% General Funds;
- $322,992 from 05-95-90-902010-5190-102-500731, 6.7% Federal Funds from the US Department of Health and Human Services Administration, Maternal and Child Health Bureau, CFDA #93.994 and 93.3% General Funds;

Contractor Initials: MMS
Date: 3-7-14

- $53,385 from 05-95-90-902010-5659-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.283;

  Add Paragraph 8
  8. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

- Budget, to add:
  Exhibit B-1 (2014) - Amendment 1,
  Exhibit B-1 (2015) - Amendment 1

This amendment shall be in effect July 1, 2013, effective upon the date of Governor and Executive Council approval.

Contractor Initials AAS
Date: 3-7-14

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

State of New Hampshire
Department of Health and Human Services

3/28/14
Date

Brook Dupee
Bureau Chief

Concord Hospital, Inc.

March 7, 2014
Date

Name: Robert P. Steigmeyer
Title: President + CEO

Acknowledgement:

State of New Hampshire, County of Merrimack on March 7, 2014, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

CHRISTINA DECATO
MY COMMISSION EXPIRES APRIL 18, 2017
NOTARY PUBLIC
NEW HAMPSHIRE

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

Contractor Initials:
Date: 3-7-14

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

OFFICE OF THE ATTORNEY GENERAL

4-2-14
Date

Name: Rosemary Wiant
Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials: MD
Date: 3-7-14

EXHIBIT A – AMENDMENT 1

Scope of Services

The Department desires to continue the relationship with the primary care agencies to provide additional primary health care services for preventive and episodic health care for acute and chronic health conditions for people of all ages.

I. General Provisions

A) Eligibility and Income Determination

1. Office-based primary care services will be provided to low-income individuals and families (defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), in the State of New Hampshire.

2. Breast and Cervical Cancer screening services will be provided to low-income (defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), New Hampshire women age 21– 64, uninsured or underinsured. BCCP changes.

3. The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing if, at any time, the practice is closed to new patients, or maintains a wait list for new patients, or any other mechanism is used that limits access for new patients for more than a one month period.

4. The Contractor shall document annually, for each client enrolled in the program, family income and family size, and calculate percentage of the federal poverty level. If calculations indicate that the client may be eligible for enrollment in Medicaid, the Contractor shall complete with the client the most recent version of the 800P form.

5. The Contractor shall implement, and post in a public and conspicuous location, a sliding fee payment schedule, approved in advance by the Division of Public Health Services (DPHS), for low-income patients. Signage must state that no client will be denied services for inability to pay.

    a. As an alternative, the contractor may post, in a public and conspicuous location, a notice to clients that a sliding fee scale is available and that no client will be denied services for inability to pay. The sliding fee scale must be updated annually based on USDHHS Poverty guidelines as published in the Federal Register, submitted to and approved by DPHS prior to implementation.

6. The primary care contract entered into here shall be the payer of last resort. The contractor shall make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered.

B) Numbers Served

1. The contract funds shall be expended to provide the above services to a minimum of 13,000 users annually with 42,000 medical encounters, as defined in the Data and Reporting Requirements. Breast and Cervical Cancer Screening for eligible women, as defined by the Breast and Cervical Cancer Program (BCCP), shall be provided to 300 women annually and billed directly to the BCCP. Clinical service reimbursements shall not exceed the Medicare rate.

C) Culturally and Linguistically Appropriate Standards of Care

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

1. Assess the ethnic/cultural needs, resources and assets of their community.

2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.

3. Provide clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provided to them without language assistance.

4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.

5. The contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency Citation 45 CFR 80.3(b) (2). The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client, language line).

D) State and Federal Laws

The Contractor is responsible for compliance with all relevant state and federal laws. Special attention is called to the following statutory responsibilities:

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 301, adopted 6/3/08.

2. Persons employed by the contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults, RSA 631:6, Assault and Related Offences and RSA 130:A, Lead Paint Poisoning and Control.

3. Immunizations shall be conducted in accordance with RSA 141-C and the Immunization Rules promulgated hereunder.

E) Relevant Policies and Guidelines

1. The Contractor shall design and provide the services described above to meet the unique and identified health needs of the populations within the contracted service area.

2. Primary Care funds shall be targeted to populations in need. Populations in need are defined as follows:

   a) uninsured;

   b) under-insured;

   c) families and individuals with significant psychosocial and economic risk, including low income status;

   d) all life cycles including perinatal, child, adolescent, adult, and elderly who meet one or more of the above criteria.

3. The Contractor shall design and implement systems of governance, administration, financial management, information management, and clinical services which are adequate to assure the provision of contracted services, and to meet the data and reporting requirements. These systems shall meet the most current minimum standards described in at least one of the following: Health Resources and Services Administration (HRSA) Office of Performance Review protocols, Joint Commission on Accreditation of Health Care Organizations (JCAHO), Accreditation Association for Ambulatory Healthcare (AAAHC), Community Health Accreditation Program (CHAP), or the Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey.

4. The Contractor shall have an agency emergency preparedness and response plan in accordance with HRSA Health Center Emergency Management Program Expectations, Document #2007-15 or most recent version. Such plan shall also include a Continuity of Operations plan.

5. The Contractor shall carry out the work as described in the performance Workplan submitted with the proposal and approved by the Rural Health and Primary Care Section (RHPCS), and the Maternal and Child Health Section (MCHS).

6. No Workplan is required by the Breast and Cervical Cancer Program (BCCP). The contractor shall be required to respond to the Quality Improvement Feedback Report twice a year.

7. The Contractor shall carry out the work as described in the Supplemental Funding Form submitted with the proposal and approved by the Rural Health and Primary Care Section (RHPCS), and the Maternal and Child Health Section (MCHS).

F) Publications Funded Under Contract

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.

2. All documents (written, video, audio, electronic) produced, reproduced, or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.

3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C (14).

G) Subcontractors

If any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the Division of Public Health Services (DPHS), Maternal and Child Health Section must be notified in writing and approve the subcontractual agreement, prior to initiation of the subcontract.

1. If any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the Division of Public Health Services (DPHS), Maternal and Child Health Section must be notified in writing and approve the subcontractual agreement, prior to initiation of the subcontract.

2. In addition, the original DPHS contractor will remain liable for all requirements included in this Exhibit and carried out by subcontractors.

II. Minimal Standards of Core Services

A. Service Requirements

1. Medical Home

The Contractor shall provide a Medical Home that:

a) Facilitates partnerships between individual patients and their personal physicians, and when appropriate, the patient's family.

b) Provides care facilitated by registries, information technology, health information exchange, and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

2. Primary Care Services

The Contractor shall provide office-based primary care services to populations in need who reside in the contractor's service area. Primary care services shall include:

a) Health care provided by a New Hampshire licensed MD, DO, APRN, or PA, including diagnosis and treatment of acute and chronic illnesses within the scope of family practice; preventive services, screenings, and health education according to established, documented state or national guidelines; assessment of need for social and nutrition services, and appropriate referrals to health, oral health, and behavioral health specialty providers.

b) Referral to the WIC Nutrition Program for all eligible pregnant women, infants and children.

c) In-hospital care for conditions within the scope of family practice must be provided at a hospital, within the agency service area, through a staff clinician with full hospital privileges, or in the alternative, through a formal referral and admissions procedure available to clients on a 24 hour/7 day a week basis.

d) Access to a healthcare provider, directly or by referral or subcontract, by telephone twenty-four hours per day, seven days per week.

e) Assessment of psychosocial risk for all clients at least annually and for children at scheduled preventive care visits, including, at a minimum, age appropriate assessment of safety in the home, domestic violence, adequacy of food and housing, care and welfare of children, transportation needs, and provision of necessary social services to address the priority needs and safety issues of clients and families.

f) Falls prevention screening for patients 65 years and older using the algorithm and guidelines of the American Geriatrics Society.

g) Behavioral health care directly or by referral to an agency or provider with a sliding fee scale.

h) Nutrition assessment for all clients as part of the health maintenance visit. Therapeutic nutrition services shall be provided as indicated directly or by referral to an agency or provider with a sliding fee scale. These services shall be recorded in the medical record.

i) Formal arrangements with a local hospital for emergency care must be in place and reviewed annually.

j) Home health care directly or by referral to an agency or provider with a sliding fee scale.

k) Assisted living and skilled nursing facility care by referral.

l) Oral screening annually for all clients 21 years and older to note obvious dental decay and soft tissue abnormalities with a reminder to the patient that poor oral health impacts total health.

m) Diagnosis and management of pediatric and adult patients with asthma provided according to National Heart Lung Blood Institute, National Asthma Education and Prevention Program, Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma, 2007.

3. Breast and Cervical Cancer Screening

a) Women age 21 to 64 who are eligible for Breast and Cervical Cancer Program (BCCP) services according to income (equal to or under 250% of poverty, underinsured/uninsured) and insurance status criteria shall be provided the following services, following USPSTF screening recommendations:

i. cervical cancer screening including a pelvic examination and Pap smear;
ii. breast cancer screening including a clinical breast exam, mammogram and,
iii. referrals for diagnostic and treatment services based on screening results,
iv. case management services.

b) All referrals under this provision shall be to approved certified laboratory, pathology, radiology, and surgical services. Mammography units shall be accredited by the American College of Radiology, and must be FDA certified under MQSA. Laboratories shall be CLIA certified.

c) All services shall be provided in accordance with the Breast and Cervical Cancer Program (BCCP) Policy and Procedure Manual.

d) Follow-up and tracking of all tests done, and referrals made shall be provided in accordance with the minimum standards outlined in the Breast and Cervical Cancer Program Policy and Procedure Manual.

e) All services for women enrolled in the Breast and Cervical Cancer Program (BCCP) shall be billed directly to the BCCP in accordance with protocols established by the Breast and Cervical Cancer Program.

f) The Contractor shall provide the NH Breast and Cervical Cancer Program with breast and cervical cancer screening rates for all women served by the practice as requested, but not more than twice per SFY.

g) The contractor shall work with the NH Breast and Cervical Cancer Program staff to increase the breast and cervical cancer screening rates among all women serviced by the practice.

4. Reproductive Health Services

The Contractor shall provide prenatal, interconceptional and preconception medical care, social services, nutrition services, education, and nursing care to all women of childbearing age. Preconceptional care includes the preconception, interconceptional, and postpartum periods in women's health. It is recommended that preconceptional and interconceptional care visits focus on maintaining or achieving the optimal health of the mother, lowering the risk of future adverse pregnancy outcomes, the family's future plans, and how additional children fit into that plan. Preconceptional counseling may be done during an office, group or home visit.

a) In the event prenatal care is not provided directly by the Contractor a formal Memorandum/a of Agreement for coordinated referral to an appropriately qualified provider must be maintained.

b) Prenatal care shall, at minimum, be provided in accordance with the Guidelines for Perinatal Care, sixth or most current edition, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and /or the Centers for Disease Control.

c) Age appropriate reproductive health care shall, at a minimum, be provided in accordance with the American College of Obstetricians and Gynecologists, or the USDHHS Centers for Disease Control (CDC) current guidelines.

d) Pregnant women enrolled in the WIC Nutrition Program shall be referred to WIC for breastfeeding education and referral to the WIC Nutrition Program peer counselors.

e. Family planning counseling for prevention of subsequent pregnancy following an infant's birth shall be discussed with the infant's mother at the first postpartum visit and at the infant's 2-month visit and other visits as appropriate. Rationale for birth intervals of 18-24 months shall be presented.

f) A referral to a Title X Family Planning Clinic or other reproductive health care provider shall be made as appropriate.

5. Services for Children and Adolescents

The Contractor shall provide as a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' most recent periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent. Children and adolescent visits shall include:

a) The World Health Organization (WHO) growth charts shall be used to monitor growth for infants and children birth up to age 2 years. The Centers for Disease Control and Prevention (CDC) growth charts shall be used for children age 2 years and older.

b) Blood lead testing shall be performed in accordance with "New Hampshire Childhood Lead Poisoning Screening and Management Guidelines", issued by the New Hampshire Department of Health and Human Services, 2009 or subsequent revisions.

c) All children enrolled in either Medicaid, Head Start, or the Women, Infant, and Children (WIC) Program and/or who are ≤ 185%_poverty, regardless of town of residence, are required to have a blood lead test at ages one and two years. All children ages three to six years who have not been previously tested shall have a blood lead test performed.

d) All children shall be screened for iron deficiency anemia as outlined in the Centers for Disease Control and Prevention document "Recommendations to Prevent and Control Iron Deficiency in the United States (4/2/98)".

e) Age-appropriate anticipatory guidance, dietary guidance, and *feeding practice counseling* for optimal oral health shall be provided at each well child visit according to the American Academy of Pediatrics' periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent edition. Starting at age 6 months, it is recommended that all children receive an oral health assessment at every well child visit, and a referral for the child's first visit to the dentist by age one as recommended by the American Academy of Pediatrics and the American Academy of Pediatric Dentistry.

f) Supplemental fluoride shall be prescribed as needed based upon the fluoride levels in the child's drinking water supply. The fluoride dosage regimen accepted by the American Academy of Pediatrics shall be followed. No fluoride shall be prescribed without obtaining water from private wells or noting the presence or absence of fluoride in the public water supply. Supplemental fluoride may include bottled water containing fluoride and topical applications such as varnishes.

g) For infants enrolled in the WIC Nutrition Program, parents shall be referred to WIC for breastfeeding support and referral to the WIC Nutrition Program peer counselors.

6. Sexually Transmitted Infections

Primary Care Services shall provide age appropriate screening and treatment of sexually transmitted infections.

a) Treatment for sexually transmitted infections shall be provided according to the United States Centers for Disease Control Sexually Transmitted Diseases Treatment Guidelines, 2010 or subsequent revisions.

b) All clients, including women, shall be offered HIV testing following the most current recommendations of the United States Centers for Disease Control.

c) The contractor shall be responsible for ensuring referral to appropriate treatment services for any woman found to screen positive.

d) Appropriate risk reduction counseling shall be provided based on client needs.

7. Substance Use Services

a) A substance use screening history using a formal, validated screening tool shall be obtained for all clients as soon after entry into care as possible. Substance use counseling or other substance abuse intervention, treatment, or recovery services by an appropriately credentialed provider shall be provided on-site, or by referral, to clients with identified needs for these services. For these identified clients, ongoing primary care services should include follow up monitoring relative to substance abuse.

b) All clients, including pregnant women, identified as smokers shall receive counseling using the 5A's (ask, advise, assess, assist, and arrange) treatment available through the NH Tobacco Helpline as cited in the US Public Health Services report "Tobacco Use and Dependence", 2008, or "Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking", American College of Obstetricians and Gynecologists, 2011. With prior approval, agencies may also opt to participate in the DPHS best practice initiative of the 2A's and R (ask, advise and refer).

8. Immunizations

a) The Contractor shall adhere to the most current version of the "Recommended Adult Immunization Schedule for Adults (19 years and older) by Age and Medical Condition - United States", approved by the Advisory Committee on Immunization Practices, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians.

b) The Contractor shall administer vaccines according to the most current version of the "Recommended Immunization Schedule for Persons Aged 0 Through 6 Years - United States", and "Recommended Immunization Schedule for Persons Aged 7 Through 18 Years – United States" approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians, based upon availability of vaccine from the New Hampshire Immunization Program.

9. Prenatal Genetic Screening

a) A genetic screening history shall be obtained on all prenatal clients as soon after entry into care as possible.

b) All pregnant women should be offered voluntary genetic screening for fetal chromosomal abnormalities at the appropriate time following recommendations found in the American College of Obstetricians and Gynecologists' "Screening for Fetal Chromosomal Abnormalities (2007)" or more recent guidelines. The Contractor shall be responsible for ensuring referral to appropriate genetic testing and counseling for any woman found to have a positive screening test.

10. Additional Requirements

a) The Contractor's Medical Director shall participate in the development and approval of specific guidelines for medical care that supplement minimal clinical standards. Supplemental guidelines should be reviewed, signed, and dated annually, and updated as indicated.

b) Contractors considering clinical or sociological research using clients as subjects must adhere to the legal requirements governing human subjects research. Contractors must inform the DPHS, MCHS prior to initiating any research related to this contract.

c) The Contractor shall provide information to all employees annually about the Medical Reserve Corps Unit within their Public Health Region to enhance recruitment.

d) The Contractor shall provide information to all employees annually regarding the Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) managed by the NH Department of Health and Human Services' Emergency Services Unit, to enhance recruitment.

B) Staffing Provisions

The Contractor shall have, at minimum, the following staff positions:

a) executive director

b) fiscal director

c) registered nurse

d) clinical coordinator

e) medical service director

f) nutritionist (on site or by referral)

g) social worker

Staff positions required to provide direct services on-site include:

a) registered nurse

b) clinical coordinator

c) social worker

1. Qualifications

All health and allied health professionals shall have the appropriate New Hampshire licenses whether directly employed, contracted, or subcontracted.

In addition the following minimum qualifications shall be met for:

a) Registered Nurse
   a. A registered nurse licensed in the state of New Hampshire, Bachelor's degree preferred. Minimum of one-year experience in a community health setting.

b) Nutritionists:
   a. A Bachelor's degree in nutritional sciences or dietetics, or a Master's degree in nutritional sciences, nutrition education, or public health nutrition or current Registered Dietitian status in accordance with the Commission on dietetic Registration of the American Dietetic Association.
   b. Individuals who perform functions similar to a nutritionist but do not meet the above qualifications shall not use the title of nutritionist.

c) Social Workers shall have:
   a. A Bachelor's or Master's degree in social work or Bachelor's or Master's degree in a related social science or human behavior field. A minimum of one year of experience in a community health or social services setting is preferred.
   b. Individuals who perform functions similar to a social worker but do not meet the above qualifications shall not use the title of social worker.

d) Clinical Coordinators shall be:
   a. A registered nurse (RN), physician, physician assistant, or nurse practitioner with a license to practice in New Hampshire.
   b. The coordinator is a clinical position that oversees and takes responsibility for the clinical and administrative functions of each program.
   c. The coordinator may be responsible for more than one MCH funded program.

2. New Hires

The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing within one month of hire when a new administrator, clinical coordinator, or any staff person essential to carrying out contracted services is hired to work in the program. A resume of the employee shall accompany the aforesaid notification.

3. Vacancies

   a) The Contractor must notify the MCHS in writing if any critical position is vacant for more than one month, or if at any time funded under this contract does not have adequate staffing to perform all required services for more than one month. This may be done through a budget revision.

   b) Before an agency hires new program personnel that do not meet the required staff qualifications, the agency shall notify the MCHS in writing requesting a waiver of the applicable staffing requirements. The Section may grant waivers based on the need of the program, individuals' experience, and additional training.

C) Coordination of Services

1. The Contractor shall coordinate, where possible, with other service providers within the contractor's community. At a minimum, such collaboration shall include interagency referrals and coordination of care.

2. The Contractor shall participate in activities in the Public Health Region in which they provide services as appropriate. These activities enhance the integration of community-based public health prevention and health care initiatives that are being implemented by the contractor and may include community needs assessments, public health performance assessments, and/or the development of regional health improvement plans.

3. The Contractor agrees to participate in and coordinate public health activities as requested by the Division of Public Health Services during any disease outbreak and/or emergency, natural or man-made, affecting the public's health.

4. The Contractor is responsible for case management of the client enrolled in the program and for program follow-up activities. Case management services shall promote effective and efficient organization and utilization of resources to assure access to necessary comprehensive medical, nutritional, and social services for clients.

5. The Contractor shall assure that appropriate, responsive, and timely referrals and linkages for other needed services are made, carried through, and documented. Such services shall include, but not be limited to: dental services, genetic counseling, high risk prenatal services, mental health, social services, including domestic violence crisis centers, substance abuse services; and family planning services, Early Supports and Services Program, local WIC/CSF Program, Home Visiting New Hampshire Programs and health and social service agencies which serve children and families in need of those services.

D) Meetings and Trainings

The contractor will be responsible for sending staff to meetings and training required by the MCHS program, including but not limited to:

1. MCHS Agency Directors' meetings
2. Prenatal and Child Health Coordinators' meetings
3. MCHS Agency Medical Services Directors' meetings

III. Quality or Performance Improvement (QI/PI)

A) Workplans

1. Performance Workplans are required for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the RHPCS and the MCHS performance-based contracting system and of this contract. Outcomes shall be reported by clinical site.
2. Performance Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.
3. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail the Performance Workplan plans and activities that monitor and evaluate the agency's progress toward performance measure targets.
4. The Contractor shall comply with modifications and/or additions to the workplan and annual report format as requested by RHPCS and MCHS. MCHS will provide the contractor with reasonable notice of such changes.
5. Agencies contracting for Primary Care Services must submit the workplans for Primary Care Clinical and Financial, Child Health, and Prenatal Care.

B) Additional Reporting requirements

In addition to Performance Workplans, the Contractor shall submit to MCHS the following data and information listed below which are used to monitor program performance:

1. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff list forms must be

completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.

2. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

3. Completed Uniform Data Set (UDS) tables reflecting program performance in the previous calendar year, by March 31 of each year.

4. The Perinatal Client Data Form (PCDF) shall be submitted electronically according to the instructions set forth by the MCHS.

5. A copy of the agency's updated Sliding Fee Scale including the amount(s) of any client fees and the schedule of discounts must be submitted by March 31st of each year. The agency's sliding fee scale must be updated annually based on the US DHHS Poverty guidelines as published in the Federal Register.

6. An annual summary of program-specific patient satisfaction results obtained during the prior contract period and the method by which the results were obtained shall be submitted annually as an addendum to the Workplan Outcome/Progress reports.

C) On-site reviews

1. The contractor shall allow a team or person authorized by the Division of Public Health Services to periodically review the contractor's systems of governance, administration, data collection and submission, clinical and financial management, and delivery of education services in order to assure systems are adequate to provide the contracted services.

2. Reviews shall include client record reviews to measure compliance with this exhibit.

3. The contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this exhibit.

4. On-Site reviews may be waived or abbreviated at the discretion of MCHS, upon submission of satisfactory reports of reviews such as Health Services Resources Administration (HRSA): Office of Performance Review (OPR), or reviews from nationally accreditation organizations such as the Joint Commission for the Accreditation of Health Care Organizations (JCAHO), Medicare, the Community Health Accreditation Program (CHAP), Accreditation Association for Ambulatory Healthcare (AAAHC), or the Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey. Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE CHILD HEALTH DIRECT CARE SERVICES
PERFORMANCE MEASURE DEFINITIONS
Fiscal Year 2015

Please note, for all measures, the following should be used **unless otherwise indicated:**

- Less than 19 years of age
- Served within the scope of this MCH contract during State Fiscal Year 2015 (July 1, 2014 – June 30, 2015)
- Each client can only be counted once (unduplicated)

Child Health Direct (CH – D) Performance Measure #1

Measure: 92%* of eligible children will be enrolled in Medicaid

Goal: To increase access to health care for children through the provision of health insurance

Definition: **Numerator-**
Of those in the denominator, the number of children enrolled in Medicaid.

Denominator-
Number of children who meet all of the following criteria:

- Less than 19 years of age
- Had 3 or more visits/encounters** during the reporting period
- As of the last visit during the reporting period were eligible for Medicaid

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

*Target based on 2012 & 2013 Data Trend Table averages.
**An encounter is face to face contact between a user and a provider who exercises independent judgment in the provision of services to the individual (UDS Table Definition).

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Child Health Direct (CH – D) Performance Measure #2

Measure: 85%* of at-risk** children who were screened for blood lead between 18 and 30 months of age

Goal: To prevent childhood lead poisoning through early identification of lead exposure

Definition:

Numerator-
Of those in the denominator, number of children screened for blood lead by capillary or venous on or after their 18-month birthday and prior to their 30-month birthday.

Denominator-
Number of at-risk** children who reached age 30 months during the reporting period. If discharged prior to 30 months, do not include in denominator.

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

*Target based on 2012 & 2013 Data Trend Table averages.

**At risk = During the reporting period, the children were 18-29 months of age, and fit at least one of the following criteria:

- "Low income" (less than 185% poverty guidelines)
- Over 185% and resided in a town considered needing "Universal" screening per NH Childhood Lead Poisoning Prevention Program
- Over 185%, resided in a town considered "Target" and had a positive response to the risk questionnaire
- Refugee children -A refugee is defined as a person outside of his or her country of nationality who is unable or unwilling to return because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion (U.S. Citizenship and Immigration Services definition).

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Child Health Direct (CH – D) Performance Measure #3

Measure: 71%* of children age two to nineteen years receiving primary care preventive health services with a Body Mass Index (BMI) percentile greater than or equal to the 85%ile with documented discussion of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks.

Goal: To increase the percent of children receiving primary care preventive health services who have an elevated BMI percentile who receive guidance about promoting a healthier lifestyle.

Definition:

Numerator-
Of those in the denominator, the number of children who had documentation in their medical record of there being discussion at least once during the reporting period of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks.

Denominator-
Number of children who turned twenty-four months during or before the reporting period, up to the age of nineteen years, with one or more well child visit after their twenty-fourth month of age within the reporting year, and had an age and gender appropriate BMI percentile greater than or equal to the 85 % percentile at least once during the reporting period.

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

Rationale: Children between the 85th – 94th percentiles BMI are encouraged to have 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks. (Discussion of the importance of family meal time, limiting eating out, consuming a healthy breakfast, preparing own foods, and promotion of breastfeeding is also encouraged.) American Academy of Pediatrics' guidance for Prevention and Treatment of Childhood Overweight and Obesity, (http://www.aap.org/obesity/health_professionals.html), from AAP Policy Statement: *Prevention of Pediatric Overweight and Obesity* and the AAP endorsed Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Children and Adolescent Overweight and Obesity, 2007.

*Target based on 2012 & 2013 Data Trend Table averages.

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Child Health Direct (CH – D) #4

Measure: 75%* of eligible** infants and children with client record documentation of enrollment in WIC

Goal: To increase access to nutrition education, breastfeeding support, and healthy food through enrollment in the WIC Nutrition Program

Definition: **Numerator -**
Of those in the denominator, the number of infants and children who, as of the last well child visit during the reporting period, had client record documentation that infant or child was enrolled in WIC.

Denominator -
Unduplicated number of infants and children less than 5 years of age, enrolled in the agency, during the reporting period, who were eligible** for WIC.

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

*Target based on 2012 & 2013 Data Trend Table averages.
**WIC Eligibility Requirements:

- Infants, and children up to their fifth birthday
- Must be income eligible (income guidelines are up to 185% of federal gross income, and are based on family size)

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Child Health Direct (CH – D) Performance Measure #5

Measure: 23%* of infants who were exclusively** breastfed for the first three months, at their four month well baby visit

Goal: To provide optimum nutrition to infants in their first three months of life

Definition: **Numerator -**
Of those in the denominator, the number of infants who had client record documentation that the infant had been exclusively breastfed for their first three months when checked at their four month well baby visit.

Denominator -
Number of infants who received one or more visits during or before the reporting period and were seen for a four-month well baby visit during the reporting period.

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

Benmarks: 2011 PedNSS (WIC) exclusive at 3 months: NH 22.9%, National (2010) 10.7%
2013 CDC Report Card (NIS, provisional 2010 births): NH 49.5%, National 37.7%
Healthy People 2020 goal: 44%

Rationale: The AAP recommends exclusive breastfeeding for about 6 months, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant, a recommendation concurred to by the World Health Organization and the Institute of Medicine. (American Academy of Pediatrics Policy Statement on Breastfeeding and the Use of Human Milk, 2012)

*Target based on 2012 & 2013 Data Trend Table averages.
**Exclusive means breast milk only, no supplemental formula, cereal/baby food, or water/fluids.

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE: ADULT

PERFORMANCE MEASURES DEFINITIONS

State Fiscal Year *2015*

Primary Care: Adult Performance Measure #1

Measure:*	58%** of adult patients 18 – 85 years of age diagnosed with hypertension will have a blood pressure measurement less than 140/90*** mm at the time of their last measurement.
Goal:	To ensure patients diagnosed with hypertension are adequately controlled.
Definition:	**Numerator-** Number of patients from the denominator with blood pressure measurement less than 140/90 mm at the time of their last measurement. **Denominator-** Number of patients age 18 – 85 with diagnosed hypertension must have been diagnosed with hypertension 6 or more months before the measurement date. (Excludes pregnant women and patients with End Stage Renal Disease.)
Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

*Measure based on the National Quality Forum 0018

**Health People 2020 National Target is 61.2%

***Both the numerator and denominator must be less that 140/90 mm

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE CLINICAL
PERFORMANCE MEASURE DEFINITIONS
Fiscal Year 2015

Primary Care Clinical Adolescent (PC-C) Performance Measure #1

Measure: 61%* of adolescents aged 11-21 years received an annual health maintenance visits in the past 12 months.

Goal: To enhance adolescent health by assuring annual, recommended, adolescent well -visits.

Definition:

Numerator-
Number of adolescents in the denominator who received an annual health maintenance "well" visit during the reporting year.

Denominator-
Total number of adolescents aged 11-21 years who were enrolled in the primary care clinic as primary care clients during the reporting year period.

Data Source: Chart audits or query of 100% of the **total** population of patients as described in the denominator.

***Target based on 2012 & 2013 Data Trend Table averages.**

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Primary Care Clinical Prenatal (PC-C) Performance Measure #2

Measure:	31%* of women and adolescent girls aged 15-44 take multi-vitamins with folic acid.
Goal:	To enhance pregnancy outcomes by reducing neural tube defects.
Definition:	**Numerator-** The number of women and adolescent girls aged 15-44 who take a multi-vitamin with folic acid. **Denominator-** The number of women and adolescent girls aged 15-44 who were seen in primary care for a well visit in the past year.
Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

***Target based on 2012 & 2013 Data Trend Table averages.**

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE - FINANCIAL
PERFORMANCE MEASURE DEFINITIONS
Fiscal Year 2015

Primary Care (PC) Performance Measure #1

Measure: Patient Payor Mix

Goal: To allow monitoring of payment method trends at State funded primary care sites.

Definition: Patients enrolled in Medicare, Medicaid, Commercial insurance, or uninsured.

Data Source: Provided by agency

Primary Care (PC) Performance Measure #2

Measure: Accounts Receivables (AR) Days

Goal: To allow monitoring of financial sustainability trends at State funded primary care sites.

Definition: AR Days: Net Patient Accounts Receivable **multiplied by** 365 **divided by** Net Patient Revenue

Data Source: Provided by agency

Primary Care (PC) Performance Measure #3

Measure: Current Ratio

Goal: To allow monitoring of financial sustainability trends at State funded primary care sites.

Definition: Current Ratio = Current Assets **divided by** Current Liabilities

Data Source: Provided by agency

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRENATAL
PERFORMANCE MEASURES DEFINITIONS
State Fiscal Year 2015

Prenatal (PN) Performance Measure #1

Measure:	85%* of pregnant women who are enrolled in the agency's prenatal program will begin prenatal care during the first trimester of pregnancy.
Goal:	To enhance pregnancy outcomes by assuring early entrance into prenatal care.
Definition:	**Numerator-** Number of women in the denominator who had a documented prenatal visit during the first trimester (on or before 13.6 weeks gestation). **Denominator-** Number of women enrolled in the agency prenatal program who gave birth during the reporting year.
Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

* Target based on 2012 & 2013 Data Trend Table averages.

Prenatal (PN) Performance Measure #2

Measure:	20%* of pregnant women who are identified as cigarette smokers will be referred to QuitWorks-New Hampshire.
Goal:	To reduce tobacco use during pregnancy through focused tobacco use cessation activities at public health prenatal clinics.
Definition:	**Numerator-** Number of women in the denominator who received at least one referral to QuitWorks-New Hampshire during pregnancy. **A referral is defined as signing the patient up for QuitWorks-NH via phone, fax, or EMR. It is not defined as discussing QuitWorks-NH with the patient and encouraging her to sign up.** **Denominator-** Number of women enrolled in the agency prenatal program and identified as tobacco users who gave birth during the reporting year.

Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

*Target set in consultation with the NH Tobacco Program & FY13 Data Trend Table average.

Prenatal (PN) Performance Measure #3

Measure:	79%* of pregnant women will be screened, using a formal valid screening tool, for alcohol and other substance use during every trimester they are enrolled in the prenatal program.
Goal:	To reduce prenatal substance use through systematic screening and identification.
Definition:	**Numerator-** Number of women in the denominator who were screened for substance and alcohol use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program. **Denominator-** Number of women enrolled in the agency prenatal program and who gave birth during the reporting year.
Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

* Target based on 2012 & 2013 Data Trend Table averages.

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

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

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

May 1, 2012

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

6/20/12
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REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section to enter into an agreement with Concord Hospital, Inc., (Vendor #177653-B011), 250 Pleasant Street, Concord, New Hampshire 03301, in an amount not to exceed $551,408.00, to provide primary care services and breast and cervical cancer screening, to be effective July 1, 2012 or date of Governor and Executive Council approval, whichever is later, through June 30, 2014. Funds are available in the following accounts for SFY 2013, and are anticipated to be available in SFY 2014 upon the availability and continued appropriation of funds in the future operating budgets.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080000	$215,637
SFY 2014	102-500731	Contracts for Program Services	90080000	$215,637
			Sub-Total	$431,274

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

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080081	$60,067
SFY 2014	102-500731	Contracts for Program Services	90080081	$60,067
			Sub-Total	$120,134
			Total	$551,408

EXPLANATION

Funds in this agreement will be used to provide breast and cervical cancer screening and office-based primary care services for low-income and uninsured families. This agreement provides funds for services as a last resort; contractor is required to make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid.

Primary health care services include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved people who face barriers to accessing health care, due to issues such as a lack of insurance, inability to pay, language barriers, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. These services help individuals overcome barriers to getting the care they need and achieving their optimal health. One area of particular success has been in ensuring that eligible families maintain consistent enrollment in Medicaid for their children. Community health centers provide support for families in filling out applications and ensuring that children have continuity of care.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. For example, in State Fiscal Year 2011:

- 88% of eligible children served were enrolled in Medicaid/Healthy Kids Gold.
- 86% of children 24-35 months, served received the appropriate schedule of immunizations.
- 82% of infants born to women served received prenatal care beginning in the first trimester of pregnancy.

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for mammography. Through this program, women found to have abnormal screening results, following their testing, receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, a minimum of 15,300 low-income individuals from the Concord area may not have access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late diagnosis of breast and cervical cancers.

Concord Hospital, Inc. was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by three professionals, who work internal and external to the Department of Health and Human Services. All reviewers have between three to twenty years experience either in clinical settings, providing community-based family support services, and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. In those instances where scores were less than ideal, agency specific remedial actions were recommended and completed. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. These services were contracted previously with this agency in SFY 2011 and SFY 2012 in the amount of $921,062. This represents a decrease of $369,654. The decrease is due to budget reductions.

The performance measures used to measure the effectiveness of the agreement are attached.

Area served: Merrimack and Hillsborough Counties.

Source of Funds: 37.39% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 62.61% General Funds.

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

Respectfully submitted,

José Thier Montero, MD
Director

Approved by:
Nicholas A. Toumpas
Commissioner

JTM/PMT/sc

Program Name DPHS, Maternal and Child Health
Contract Purpose Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	Ammonoosuc Community Health Services, Inc., 25 Mount Eustis Rd., Littleton, NH 03561	Coos County Family Health Services, Inc., 54 Willow St., Berlin, NH 03570	Concord Hospital, Inc., 250 Pleasant St., Concord, NH 03301	Families First of the Greater Seacoast, 100 Campus Drive, Portsmouth, NH 03801	Goodwin Community Health, 311 Route 108, Somersworth, NH 03878	Health First Family Care Center, 841 Central St., Franklin, NH 03235	Manchester Community Health Center, 145 Hollis St., Manchester, NH 03101	Mid-State Health Center, 101 Boulder Point Dr., Plymouth, NH 03264
Agy Capacity	30	29.00	28.00	28.00	29.00	29.00	25.00	29.00	28.00
Program Structure	50	46.00	45.00	47.00	48.00	48.00	39.00	46.00	45.00
Budget & Justification	15	14.00	15.00	15.00	15.00	12.00	13.00	15.00	12.00
Format	5	4.00	5.00	5.00	5.00	4.00	4.00	5.00	5.00
Total	100	93.00	93.00	95.00	97.00	93.00	81.00	95.00	90.00

BUDGET REQUEST								
Year 01	$339,156.25	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 02	$347,976.97	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 03	$0.00	-	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET REQUEST	$687,133.22	237,918.00	$551,408.00	$327,586.00	$584,604.00	$398,254.00	$556,404.00	$234,350.00
BUDGET AWARDED								
Year 01	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 02	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 03	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET AWARDED	$370,854.00	$243,106.00	$551,408.00	$340,554.00	$600,396.00	$400,476.00	$572,396.00	$234,350.00

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three to twenty years experience either in clinical settings, providing community-based family support services and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal & child health; quality assurance & performance improvement; chronic and communicable diseases and public health infrastructure
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	
3	Lia Baroody	Program Coordinator	NH DHHS, DPHS, BCCP	
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	
7	Terry Ohlson-Martin	Co-Director	Family Voices	
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm	
11	Lissa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	

Program Name: DPHS, Maternal and Child Health
Contract Purpose: Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	The New London Hospital, Inc., 273 County Rd., New London, NH 03257	Weeks Medical Center, 170 Middle St., Lancaster, NH 03584	White Mountain Community Health Center, 298 White Mountain Hwy., Conway, NH 03818	Lamprey Health Care, Inc., 207 South Main St., Newmarket, NH 03857	Indian Stream Health Center, 141 Corless Lane, Colebrook, NH 03576	0	0	0
Agy Capacity	30	27.00	28.00	21.00	29.00	23.00	0.00	0.00	0.00
Program Structure	50	40.00	43.00	38.00	45.00	35.00	0.00	0.00	0.00
Budget & Justification	15	9.00	15.00	15.00	13.00	9.00	0.00	0.00	0.00
Format	5	4.00	5.00	3.00	5.00	5.00	0.00	0.00	0.00
Total	100	80.00	91.00	77.00	92.00	72.00	0.00	0.00	0.00

BUDGET REQUEST									
Year 01		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 02		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET REQUEST		$312,900.00	$158,274.00	$313,346.00	$912,662.00	$272,712.00	-	-	-
BUDGET AWARDED									
Year 01		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 02		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET AWARDED		$323,264.00	$158,274.00	$315,568.00	$922,436.00	$140,718.00	-	-	-

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three to twenty years experience either in clinical settings providing community-based family support services and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal & child health, quality assurance & performance improvement, chronic and communicable diseases and public health infrastructure
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	
3	Lia Barnody	Program Coordinator	NH DHHS, DPHS, BCCP	
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	
7	Terry Ohlson-Martin	Co-Director	Family Voices	
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm.	
11	Lissa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Prenatal (PN) Performance Measure #1

Measure: Percent of infants born to women receiving prenatal care beginning in the first trimester of pregnancy.

Primary Care Prenatal (PN) Performance Measure #2

Measure: Percent of pregnant women identified as cigarette smokers that are referred to QuitWorks-New Hampshire.

Primary Care Prenatal (PN) Performance Measure #3

Measure: Percent of pregnant women who were screened, using a formal valid screening tool, for alcohol and other drug use during every trimester the patient was enrolled.

Primary Care Child Health Direct (CH – D) Performance Measure #1

Measure: Percent of eligible children enrolled in Medicaid

Primary Care Child Health Direct (CH – D) Performance Measure #2

Measure: Percent of at-risk children who were screened for blood lead between 18 and 30 months of age

Primary Care Child Health Direct (CH – D) Performance Measure #3

Measure: Percent of children age two to nineteen years receiving primary care preventive health services with a Body Mass Index (BMI) percentile greater than or equal to the 85th percentile with documented discussion of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks.

Primary Care Child Health Direct (CH – D) Performance Measure #4

Measure: Percent of eligible infants and children with client record documentation of enrollment in Women Infant Children Program.

Primary Care Child Health Direct (CH – D) Performance Measure #5

Measure: Percent of infants who were exclusively breastfed for the first three months, at their four month well baby visit.

Primary Care Financial (PC) Performance Measure #1

Measure: Patient Payor Mix

Primary Care Financial (PC) Performance Measure #2

Measure: Accounts Receivables (AR) Days

Primary Care Financial (PC) Performance Measure #3

Measure: Current Ratio

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Clinical Adolescent (PC-C) Performance Measure #1

Measure: Percent of adolescents aged 10-21 years who received annual health maintenance visits in the past 12 months.

Primary Care Clinical Prenatal (PC-C) Performance Measure #2

Measure: Percent of women and adolescent girls aged 15-44 who take a multi-vitamin with folic acid.

Subject: Primary Care Services

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		**1.2 State Agency Address** 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Concord Hospital, Inc.		**1.4 Contractor Address** 250 Pleasant Street Concord, New Hampshire 03301	
1.5 Contractor Phone Number 603-227-7000	**1.6 Account Number** 010-090-5190-102-500731 010-090-5659-102-500731	**1.7 Completion Date** June 30, 2014	**1.8 Price Limitation** $551,408
1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief		**1.10 State Agency Telephone Number** 603-271-4501	
1.11 Contractor Signature Michael B Green		**1.12 Name and Title of Contractor Signatory** Michael B. Green President + CEO	

1.13 Acknowledgement: State of NH, County of Merrimack

On 4/16/12, before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

1.13.1 Signature of Notary Public or Justice of the Peace

Rebecca G. Webster

[Seal]

1.13.2 Name and Title of Notary or Justice of the Peace

Rebecca G. Webster, Notary

1.14 State Agency Signature	**1.15 Name and Title of State Agency Signatory** Joan H. Ascheim, 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: Jeanne P. Herrick, Attorney	On: 4 May 2012
1.18 Approval by the Governor and Executive Council	
By:	On:

NH Department of Health and Human Services

Exhibit A

Scope of Services

Primary Care Services

CONTRACT PERIOD: July 1, 2012 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: Concord Hospital, Inc.

ADDRESS: 250 Pleasant Street
Concord, New Hampshire 03301
Director: Marie Wawrzyniak
TELEPHONE: 603-227-7000

The Contractor shall:

I. General Provisions

A) Eligibility and Income Determination

1. Office-based primary care services will be provided to low-income individuals and families (defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), in the State of New Hampshire.

2. Breast and Cervical Cancer screening services will be provided to low-income (defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), New Hampshire women age 18 – 64, *uninsured or underinsured*.

3. The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing if, at any time, the practice is closed to new patients, or maintains a wait list for new patients, or any other mechanism is used that limits access for new patients for more than a one month period.

4. The Contractor shall document annually, for each client enrolled in the program, family income and family size, and calculate percentage of the federal poverty level. If calculations indicate that the client may be eligible for enrollment in Medicaid, the Contractor shall complete with the client the most recent version of the 800P form.

5. The Contractor shall implement, and post in a public and conspicuous location, a sliding fee payment schedule, approved in advance by the Division of Public Health Services (DPHS), for low-income patients. Signage must state that no client will be denied services for inability to pay.

    a. As an alternative, the contractor may post, in a public and conspicuous location, a notice to clients that a sliding fee scale is available and that no client will be denied services for inability to pay. The sliding fee scale must be updated annually based on USDHHS Poverty guidelines as published in the Federal Register, submitted to and approved by DPHS *prior to implementation.*

6. The primary care contract entered into here shall be the payer of last resort. The contractor shall make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered.

Contractor Initials: MGB

Date: Apr 16, 2012

B) Numbers Served

1. The contract funds shall be expended to provide the above services to a minimum of 15,300 users annually with 44,950 medical encounters, as defined in the Data and Reporting Requirements. Breast and Cervical Cancer Screening for eligible women, as defined by the Breast and Cervical Cancer Program (BCCP), shall be provided to 350 women annually and billed directly to the BCCP. Clinical service reimbursements shall not exceed the Medicare rate.

C) Culturally and Linguistically Appropriate Standards of Care

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

1. Assess the ethnic/cultural needs, resources and assets of their community.

2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.

3. *Provide* clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provided to them without language assistance.

4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.

5. The contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency Citation 45 CFR 80.3(b) (2). The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client, language line).

D) State and Federal Laws

The Contractor is responsible for compliance with all relevant state and federal laws. Special attention is called to the following statutory responsibilities:

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 301, adopted 6/3/08.

2. Persons employed by the contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults, RSA 631:6, Assault and Related Offences and RSA 130:A, Lead Paint Poisoning and Control.

3. Immunizations shall be conducted in accordance with RSA 141-C and the Immunization Rules promulgated hereunder.

E) Relevant Policies and Guidelines

1. The Contractor shall design and provide the services described above to meet the unique and identified health needs of the populations within the contracted service area.

Contractor Initials: MGS

Date: Apr 16, 2012

2. Primary Care funds shall be targeted to populations in need. Populations in need are defined as follows:

   a) uninsured;

   b) under-insured;

   c) families and individuals with significant psychosocial and economic risk, including low income status;

   d) all life cycles including perinatal, child, adolescent, adult, and elderly who meet one or more of the above criteria.

3. The Contractor shall design and implement systems of governance, administration, financial management, information management, and clinical services which are adequate to assure the provision of contracted services, and to meet the data and reporting requirements. These systems shall meet the most current minimum standards described in at least one of the following: Health Resources and Services Administration (HRSA) Office of Performance Review protocols, Joint Commission on Accreditation of Health Care Organizations (JCAHO), Accreditation Association for Ambulatory Healthcare (AAAHC), Community Health Accreditation Program (CHAP), or the Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey.

4. *The Contractor shall have an agency emergency preparedness and response plan in accordance with HRSA Health Center Emergency Management Program Expectations, Document #2007-15 or most recent version. Such plan shall also include a Continuity of Operations plan.*

5. The Contractor shall carry out the work as described in the performance Workplan submitted with the proposal and approved by the Rural Health and Primary Care Section (RHPCS), and the Maternal and Child Health Section (MCHS).

6. No Workplan is required by the Breast and Cervical Cancer Program (BCCP). The contractor shall be required to respond to the Quality Improvement Feedback Report twice a year.

7. The Contractor shall carry out the work as described in the Supplemental Funding Form submitted with the proposal and approved by the Rural Health and Primary Care Section (RHPCS), and the Maternal and Child Health Section (MCHS).

F) Publications Funded Under Contract

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.

2. All documents (written, video, audio, *electronic*) produced, reproduced, or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.

3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C (14).

G) Subcontractors

1. If any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the Division of Public Health Services (DPHS), Maternal and Child Health Section must be notified in writing *and approve the subcontractual agreement*, prior to initiation of the subcontract.

Contractor Initials: MAB

Date: Apr 16, 2012

2. In addition, the original DPHS contractor will remain liable for all requirements included in this Exhibit and carried out by subcontractors.

II. Minimal Standards of Core Services

A) Service Requirements

1. *Medical Home*

The Contractor shall provide a Medical Home that:

a) *Facilitates partnerships between individual patients and their personal physicians, and when appropriate, the patient's family.*

b) *Provides care facilitated by registries, information technology, health information exchange, and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.*

2. Primary Care Services

The Contractor shall provide office-based primary care services to populations in need who reside in the contractor's service area. Primary care services shall include:

a) Health care provided by a New Hampshire licensed MD, DO, APRN, or PA, including diagnosis and treatment of acute and chronic illnesses within the scope of family practice; preventive services, screenings, and health education according to established, documented state or national guidelines; assessment of need for social and nutrition services, and appropriate referrals to health, *oral health*, and behavioral health specialty providers.

b) *Referral to the WIC Nutrition Program for all eligible pregnant women, infants and children.*

c) In-hospital care for conditions within the scope of family practice must be provided at a hospital, within the agency service area, through a staff clinician with full hospital privileges, or in the alternative, through a formal referral and admissions procedure available to clients on a 24 hour/7 day a week basis.

d) Access to a healthcare provider, directly or by referral or subcontract, by telephone twenty-four hours per day, seven days per week.

e) Assessment of psychosocial risk for all clients at least annually and for children at scheduled preventive care visits, including, at a minimum, age appropriate assessment of safety in the home, domestic violence, adequacy of food and housing, care and welfare of children, transportation needs, and provision of necessary social services to address the priority needs and safety issues of clients and families.

f) Falls prevention screening for patients 65 years and older using the algorithm and guidelines of the American Geriatrics Society.

g) Behavioral health care directly or by referral to an agency or provider with a sliding fee scale.

h) *Nutrition assessment for all clients as part of the health maintenance visit.* Therapeutic nutrition services shall be provided *as indicated* directly or by referral to an agency or provider with a sliding fee scale. These services shall be recorded in the medical record.

i) Formal arrangements with a local hospital for emergency care must be in place and reviewed annually.

Contractor Initials: MAS

Date: Apr 16, 2012

j) Home health care directly or by referral to an agency or provider with a sliding fee scale.

k) Assisted living and skilled nursing facility care by referral.

l) *Oral screening annually for all clients 19 years and older to note obvious dental decay and soft tissue abnormalities with a reminder to the patient that poor oral health impacts total health.*

m) *Diagnosis and management of pediatric and adult patients with asthma provided according to National Heart Lung Blood Institute, National Asthma Education and Prevention Program, Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma, 2007.*

2. Breast and Cervical Cancer Screening

a) Women age 18 to 64 who are eligible for Breast and Cervical Cancer Program (BCCP) services according to income (equal to or under 250% of poverty, underinsured/uninsured) *and insurance status* criteria shall be provided the following services:

i. cervical cancer screening including a pelvic examination and Pap smear;
ii. annual breast cancer screening including a clinical breast exam, mammogram and,
iii. referrals for diagnostic and treatment services based on screening results,
iv. case management services.

b) All referrals under this provision shall be to approved certified laboratory, pathology, radiology, and surgical services. Mammography units shall be accredited by the American College of Radiology, and must be FDA certified under MQSA. Laboratories shall be CLIA certified.

c) All services shall be provided in accordance with the Breast and Cervical Cancer Program (BCCP) Policy and Procedure Manual.

d) Follow-up and tracking of all tests done, and referrals made shall be provided in accordance with the minimum standards outlined in the Breast and Cervical Cancer Program Policy and Procedure Manual.

e) All services for women enrolled in the Breast and Cervical Cancer Program (BCCP) shall be billed directly to the BCCP in accordance with protocols established by the Breast and Cervical Cancer Program.

3. Reproductive Health Services

The Contractor shall provide prenatal, interconceptional and preconception medical care, social services, nutrition services, education, and nursing care to all women of childbearing age. Preconceptional care includes the preconception, interconceptional, and postpartum periods in women's health. It is recommended that preconceptional and interconceptional care visits focus on maintaining or achieving the optimal health of the mother, lowering the risk of future adverse pregnancy outcomes, the family's future plans, and how additional children fit into that plan. Preconceptional counseling may be done during an office, group or home visit.

a) In the event prenatal care is not provided directly by the Contractor a formal Memorandum/a of Agreement for coordinated referral to an appropriately qualified provider must be maintained.

b) Prenatal care shall, at minimum, be provided in accordance with the Guidelines for Perinatal Care, sixth or most current edition, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and /or the Centers for Disease Control.

Contractor Initials: [illegible]

Date: Apr 16, 2012

c) Age appropriate reproductive health care shall, at a minimum, be provided in accordance with the American College of Obstetricians and Gynecologists, or the USDHHS Centers for Disease Control (CDC) current guidelines.

d) *Pregnant women enrolled in the WIC Nutrition Program shall be referred to WIC for breastfeeding education and referral to the WIC Nutrition Program peer counselors.*

e. Family planning counseling for prevention of subsequent pregnancy following an infant's birth shall be discussed with the infant's mother *at the first postpartum visit and at the infant's 2-month visit and other visits as appropriate.* Rationale for birth intervals of 18-24 months shall be presented.

f) A referral to a Title X Family Planning Clinic or other reproductive health care provider shall be made as appropriate.

4. Services for Children and Adolescents

The Contractor shall provide as a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' most recent periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent. Children and adolescent visits shall include:

a) Blood lead testing shall be performed in accordance with "New Hampshire Childhood Lead Poisoning Screening and Management Guidelines", issued by the New Hampshire Department of Health and Human Services, 2009 or subsequent revisions.

b) All children enrolled in either Healthy Kids-Gold or the Women, Infant, and Children (WIC) Program and/or who are ≤ 185% poverty, regardless of town of residence, are required to have a blood lead test at ages one and two years. All children ages three to six years who have not been previously tested shall have a capillary or venous blood lead test performed.

c) All children shall be screened for iron deficiency anemia as outlined in the Centers for Disease Control and Prevention document "Recommendations to Prevent and Control Iron Deficiency in the United States (4/2/98)".

d) Age-appropriate anticipatory guidance, dietary guidance, and *feeding practice counseling* for optimal oral health shall be provided at each well child visit according to the American Academy of Pediatrics' periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent edition. Starting at age 6 months, it is recommended that all children receive an oral health assessment at every well child visit.

e) Supplemental fluoride shall be prescribed as needed based upon the fluoride levels in the child's *drinking* water supply. The fluoride dosage regimen accepted by the American Academy of Pediatrics shall be followed. No fluoride shall be prescribed without obtaining water from private wells or noting the presence or absence of fluoride in the public water supply. *Supplemental fluoride may include bottled water containing fluoride and topical applications such as varnishes.*

f) *For infants enrolled in the WIC Nutrition Program, parents shall be referred to WIC for breastfeeding support and referral to the WIC Nutrition Program peer counselors.*

Contractor Initials: MBB

Date: Apr 16, 2012

5. Sexually Transmitted Infections

Primary Care Services shall provide age appropriate screening and treatment of sexually transmitted infections.

a) Treatment for sexually transmitted infections shall be provided according to the United States Centers for Disease Control Sexually Transmitted Diseases Treatment Guidelines, 2010 or subsequent revisions.

b) All clients, including women, shall be offered HIV testing following the most current recommendations of the United States Centers for Disease Control.

c) The contractor shall be responsible for ensuring referral to appropriate treatment services for any woman found to screen positive.

d) Appropriate risk reduction counseling shall be provided based on client needs.

6. Substance Use Services

a) A substance use screening history using a formal, validated screening tool shall be obtained for all clients as soon after entry into care as possible. Substance use counseling *or other substance abuse intervention, treatment, or recovery services* by an appropriately credentialed provider shall be provided on-site, or by referral, to clients with identified needs for these services. ***For these identified clients, ongoing primary care services should include follow up monitoring relative to substance abuse.***

b) All clients, including pregnant women, identified as smokers shall receive counseling *using the 5A's (ask, advise, assess, assist, and arrange) treatment available through the NH Tobacco Helpline* as cited in the US Public Health Services report "Tobacco Use and Dependence", 2008, or "Smoking Cessation During Pregnancy: *A Clinician's Guide to Helping Pregnant Women Quit Smoking*", American College of Obstetricians and Gynecologists, 2011. ***With prior approval, agencies may also opt to participate in the DPHS best practice initiative of the 2A's and R (ask, advise and refer).***

7. Immunizations

a) The Contractor shall adhere to the most current version of the "Recommended Adult Immunization Schedule United States", approved by the Advisory Committee on Immunization Practices, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians.

b) The Contractor shall administer vaccines according to the most current version of the *"Recommended Immunization Schedule for Persons Aged 0 Through 6 Years - United States", and "Recommended Immunization Schedule for Persons Aged 7 Through 18 Years – United States"* approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians, based upon availability of vaccine from the New Hampshire Immunization Program.

8. Prenatal Genetic Screening

a) A genetic screening history shall be obtained on all prenatal clients as soon after entry into care as possible.

b) All pregnant women should be offered voluntary genetic screening for fetal chromosomal abnormalities at the appropriate time following recommendations found in the American College of Obstetricians and Gynecologists' "Screening for Fetal Chromosomal

Contractor Initials: MDS

Date: Apr 16, 2012

Abnormalities (2007)" or more recent guidelines. The Contractor shall be responsible for ensuring referral to appropriate genetic testing and counseling for any woman found to have a positive screening test.

9. Additional Requirements

a) The Contractor's Medical Director shall participate in the development and approval of specific guidelines for medical care that supplement minimal clinical standards. Supplemental guidelines should be reviewed, signed, and dated annually, and updated as indicated.

b) Contractors considering clinical or sociological research using clients as subjects must adhere to the legal requirements governing human subjects research. Contractors must inform the DPHS, MCHS prior to initiating any research related to this contract.

c) *The Contractor shall provide information to all employees annually about the Medical Reserve Corps Unit within their Public Health Region to enhance recruitment.*

d) *The Contractor shall provide information to all employees annually regarding the Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) managed by the NH Department of Health and Human Services' Emergency Services Unit, to enhance recruitment.*

B) Staffing Provisions

The Contractor shall have, at minimum, the following staff positions:

a) executive director

b) fiscal director

c) registered nurse

d) clinical coordinator

e) medical service director

f) nutritionist *(on site or by referral)*

g) social worker

Staff positions required to provide direct services on-site include:

a) registered nurse

b) clinical coordinator

c) social worker

1. Qualifications

All health and allied health professionals shall have the appropriate New Hampshire licenses whether directly employed, contracted, or subcontracted.

In addition the following minimum qualifications shall be met for:

a) Registered Nurse
   a. A registered nurse licensed in the state of New Hampshire, Bachelor's degree preferred. Minimum of one-year experience in a community health setting.

Contractor Initials: MRS

Date: Apr 16, 2012

b) Nutritionists:
   a. A Bachelor's degree in nutritional sciences or dietetics, or a Master's degree in nutritional sciences, nutrition education, or public health nutrition or current Registered Dietitian status in accordance with the Commission on dietetic Registration of the American Dietetic Association.

   b. Individuals who perform functions similar to a nutritionist but do not meet the above qualifications shall not use the title of nutritionist.

c) Social Workers shall have:
   a. A Bachelor's or Master's degree in social work or Bachelor's or Master's degree in a related social science or human behavior field. A minimum of one year of experience in a community health or social services setting is preferred.

   b. Individuals who perform functions similar to a social worker but do not meet the above qualifications shall not use the title of social worker.

d) Clinical Coordinators shall be:
   a. A registered nurse (RN), physician, physician assistant, or nurse practitioner with a license to practice in New Hampshire.

   b. The coordinator is a clinical position that oversees and takes responsibility for the clinical and administrative functions of each program.

   c. The coordinator may be responsible for more than one MCH funded program.

2. New Hires

The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing within one month of hire when a new administrator, clinical coordinator, or any staff person essential to carrying out contracted services is hired to work in the program. A resume of the employee shall accompany the aforesaid notification.

3. Vacancies

a) The Contractor must notify the MCHS in writing if any critical position is vacant for more than one month, or if at any time funded under this contract does not have adequate staffing to perform all required services for more than one month. This may be done through a budget revision.

b) Before an agency hires new program personnel that do not meet the required staff qualifications, the agency shall notify the MCHS in writing requesting a waiver of the applicable staffing requirements. The Section may grant waivers based on the need of the program, individuals' experience, and additional training.

C) Coordination of Services

1. The Contractor shall coordinate, where possible, with other service providers within the contractor's community. At a minimum, such collaboration shall include interagency referrals and coordination of care.

2. The Contractor shall participate in activities *in the Public Health Region in which they provide services* as appropriate. These activities enhance the integration of community-based public health prevention and health care initiatives that are being implemented by the contractor and may include community needs assessments, public health performance assessments, and/or the development of regional health improvement plans.

Contractor Initials: MAS
Date: Apr 16, 2012

3. The Contractor agrees to *participate* in and coordinate public health activities as requested by the Division of Public Health Services during any *disease outbreak* and/or *emergency*, natural or man made, affecting the public's health.

4. The Contractor is responsible for case management of the client enrolled in the program and for program follow-up activities. Case management services shall promote effective and efficient organization and utilization of resources to assure access to necessary comprehensive medical, nutritional, and social services for clients.

5. The Contractor shall assure that *appropriate, responsive, and timely* referrals and linkages for other needed services are made, carried through, and documented. Such services shall include, but not be limited to: dental services, genetic counseling, high risk prenatal services, mental health, social services, including domestic violence crisis centers, substance abuse services; and family planning services, Early Supports and Services Program, local WIC/CSF Program, Home Visiting New Hampshire Programs and health and social service agencies which serve children and families in need of those services.

D) Meetings and Trainings

The contractor will be responsible for sending staff to meetings and training required by the MCHS program, including but not limited to:

1. MCHS Agency Directors' meetings

2. Prenatal and Child Health Coordinators' meetings

3. MCHS Agency Medical Services Directors' meetings

III. Quality or Performance Improvement (QI/PI)

A) Workplans

1. Performance Workplans are required for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the RHPCS and the MCHS performance-based contracting system and of this contract. Outcomes shall be reported by clinical site.

2. Submit Performance Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.

3. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail the Performance Workplan and activities that monitor and evaluate the agency's progress toward performance measure targets.

4. The Contractor shall comply with modifications and/or additions to the workplan and annual report format as requested by RHPCS and MCHS. MCHS will provide the contractor with reasonable notice of such changes.

5. Agencies contracting for Primary Care Services must submit the workplans for Primary Care *Clinical and Financial*, Child Health, and Prenatal Care.

Contractor Initials: MBD

Date: Apr 16, 2012

B) Additional Reporting requirements

In addition to Performance Workplans, the Contractor shall submit to MCHS the following data and information listed below which are used to monitor program performance:

1. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff list forms must be completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.

2. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

3. Completed Uniform Data Set (UDS) tables reflecting program performance in the previous calendar year, by March 31 of each year.

4. The Perinatal Client Data Form (PCDF) shall be submitted electronically according to the instructions set forth by the MCHS.

5. A copy of the agency's updated Sliding Fee Scale including the amount(s) of any client fees and the schedule of discounts must be submitted by March 31st of each year. The agency's sliding fee scale must be updated annually based on the US DHHS Poverty guidelines as published in the Federal Register.

6. An annual summary of program-specific patient satisfaction results obtained during the prior contract period and the method by which the results were obtained shall be submitted annually as an addendum to the Workplan Outcome/Progress reports.

C) On-site reviews

1. The contractor shall allow a team or person authorized by the Division of Public Health Services to periodically review the contractor's systems of governance, administration, data collection and submission, clinical and financial management, and delivery of education services in order to assure systems are adequate to provide the contracted services.
2. Reviews shall include client record reviews to measure compliance with this exhibit.
3. The contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this exhibit.
4. On-Site reviews may be waived or abbreviated at the discretion of MCHS, upon submission of satisfactory reports of reviews such as Health Services Resources Administration (HRSA): Office of Performance Review (OPR), or reviews from nationally accreditation organizations such as the Joint Commission for the Accreditation of Health Care Organizations (JCAHO), Medicare, the Community Health Accreditation Program (CHAP), Accreditation Association for Ambulatory Healthcare (AAAHC), or the Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey. Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.

Contractor Initials: MAS

Date: Apr 16, 2012

NH Department of Health and Human Services

Exhibit B

Purchase of Services
Contract Price

Primary Care Services

CONTRACT PERIOD: July 1, 2012 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: **Concord Hospital, Inc.**

ADDRESS: **250 Pleasant Street**
Concord, New Hampshire 03301
Director: **Marie Wawrzyniak**
TELEPHONE: **603-227-7000**

Vendor #177653-B011 | Job #90080000 #90080081 | Appropriation #010-090-51900000-102-500731 #010-090-56590000-102-500731

1. The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during the period of the contract shall not exceed:

   $431,274 for Primary Care Services, funded from 19.95% federal funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (CFDA #93.994) and 80.05% general funds.

   $120,134 for Breast and Cervical Cancer Screening, funded from 100% federal funds from the Center for Disease Control (CFDA #93.283).

TOTAL: $551,408

2. The Contractor agrees to use and apply all contract funds from the State for direct and indirect costs and expenses including, but not limited to, personnel costs and operating expenses related to the Services, as detailed in the attached budgets. Allowable costs and expenses shall be determined by the State in accordance with applicable state and federal laws and regulations. The Contractor agrees not to use or apply such funds for capital additions or improvements, entertainment costs, or any other costs hot approved by the State.

3. This is a cost-reimbursement contract based on an approved budget for the contract period. Reimbursement shall be made monthly based on actual costs incurred during the month up to an amount not greater than one-twelfth of the contract amount. Reimbursement greater than one-twelfth of the contract amount in any month shall require prior, written permission from the State.

4. Invoices shall be submitted by the Contractor to the State in a form satisfactory to the State for each of the Service category budgets. Said invoices shall be submitted within twenty (20) working days following the end of the month during which the contract activities were completed, and the final invoice shall be due to the State no later than sixty (60) days after the contract Completion Date. Said invoice shall contain a description of all allowable costs and expenses incurred by the Contractor during the contract period.

5. Payment will be made by the State agency subsequent to approval of the submitted invoice and if sufficient funds are available in the Service category budget line items submitted by the Contractor to cover the costs and expenses incurred in the performances of the services.

Contractor Initials: VBG
Date: Ap-16, 2012

6. The Contractor may amend the contract budget for any Service category through line item increases, decreases, or the creation of new line items provided these amendments do not exceed the contract price for that particular Service category. Such amendments shall only be made upon written request to and written approval by the State. Budget revisions will not be accepted after June 20th of each contract year.

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

The remainder of this page is intentionally left blank.

Contractor Initials: MBS

Date: Apr 16, 2012

NH Department of Health and Human Services

Exhibit C

SPECIAL PROVISIONS

1. **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:

2. **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.

3. **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.

4. **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.

5. **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.

6. **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.

7. **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.

8. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractor's costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party fundors 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 fundors, the Department may elect to:

    8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

Contractor Initials: MSB

Date: Apr 16, 2012

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 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:

9. **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:

9.1 **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.

9.2 **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 recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

9.3 **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. **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.

10.1 **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.

10.2 **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.

11. **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 directed 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.

Contractor Initials: MCS

Date: Apr 16, 2012

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.

12. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department

    12.1 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.

    12.2 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.

13. **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.

14. **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:

    14.1 The preparation of this (report, document, etc.), was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, Division of Public Health Services, with funds provided in part or in whole 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.

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 government 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.

Contractor Initials: CMA

Date: Apr 10, 2012

16. **Insurance:** Select either (1) or (2) below:

As referenced in the Request for Proposal, Comprehensive General Liability Insurance Acknowledgement Form, the Insurance requirement checked under this section is applicable to this contract:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed $500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed $500,000, is comprehensive general liability insurance in amounts of not less than $1,000,000 per claim or occurrence and $2,000,000 in the aggregate. *These amounts may NOT be modified.*

X (1) The contractor certifies that it **IS** a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does **not** exceed $500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: 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, both for the benefits of the State, the following insurance: 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 incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

☐ (2) The contractor certifies it does **NOT** qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

17. **Renewal:**

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

18. **Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:**

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

Contractor Initials: MBB
Date: Apr 16, 2012

19. **Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;**

10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.

10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

Contractor Initials: MJB

Date: Apr 16, 2012

SPECIAL PROVISIONS – 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 the 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: Whenever 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 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.

Contractor Initials: MA

Date: Apr 16, 2012

State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Primary Care Services Contract

This 3rd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #3") dated this, 14th day of October, 2016 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and White Mountain Community Health Center (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 298 White Mountain Highway, PO Box 2800, Conway, NH 03818.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #127), and subsequently amended on May 8, 2014 (Item #34A), and on June 24, 2015 (Item #58) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to Exhibit B Amendment #2, paragraph 10, notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2, and within the Price Limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council, and

WHEREAS, the State and the Department agree to adjust budget amounts between State Fiscal Years 2016 and 2017, make changes to the scope of work, and decrease the Price Limitation within State Fiscal Year 2017, within the Completion Date.

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

To amend as follows:

1. Except as specifically amended and modified by the terms and conditions in this Amendment #3, the obligations of the parties shall remain in full force and effect in accordance with the terms and conditions set forth in the Contract as referenced above.

2. Amend Form P-37, General Provisions, Block 1.8, Price Limitation, to read $1,069,810.

3. Amend Exhibit A Amendment #2 by deleting section 1.5 Breast and Cervical Screening Services and replace with

   1.5 **Breast and Cervical Cancer Screening Services** shall be provided to 32 women ages twenty-one (21) through sixty-four (64) who are:

   1.5.1. Uninsured.
   1.5.2. Underinsured.
   1.5.3. Low-income, which is defined as < 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines

PMC 10-19-16

4. Delete Exhibit B-3 Amendment #2 in its entirety and replace with Exhibit B-3 Amendment #3.
5. Delete Exhibit B-5 Amendment #2 in its entirety and replace with Exhibit B-5 Amendment #3.
6. Delete Exhibit B-6 Amendment #2 in its entirety and replace with Exhibit B-6 Amendment #3.

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

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

10/28/16
Date

State of New Hampshire
Department of Health and Human Services
Marcella J. Bolsinsky, Acting Dir. Public Health

NAME: Marcella J. Bolsinsky, MPH
TITLE: Acting Director

White Mountain Community Health Center

10-19-16
Date

NAME Patricia McMurry
TITLE Executive Director

Acknowledgement:

State of New Hampshire County of Carroll on 10-19-16, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Diane Brothers
Name and Title of Notary or Justice of the Peace

My Commission Expires: DIANE BROTHERS, Notary Public My Commission Expires August 5, 2019

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

OFFICE OF THE ATTORNEY GENERAL

11/15/14
Date

Name: Megan A. Yount
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

PMC 10-19-16

EXHIBIT B-3 AMENDMENT #3
SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: White Mountain Community Health Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 40,200.00	$ -	$ 40,200.00	$ -	$ -	$ -	$ 40,200.00	$ -	$ 40,200.00
2. Employee Benefits	$ 10,050.00	$ -	$ 10,050.00	$ -	$ -	$ -	$ 10,050.00	$ -	$ 10,050.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ 6,000.00	$ -	$ 6,000.00	$ -	$ -	$ -	$ 6,000.00	$ -	$ 6,000.00
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ 4,000.00	$ -	$ 4,000.00	$ -	$ -	$ -	$ 4,000.00	$ -	$ 4,000.00
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ 6,500.00	$ -	$ 6,500.00	$ -	$ -	$ -	$ 6,500.00	$ -	$ 6,500.00
10. Marketing/Communications	$ 250.00	$ -	$ 250.00	$ -	$ -	$ -	$ 250.00	$ -	$ 250.00
11. Staff Education and Training	$ 4,000.00	$ -	$ 4,000.00	$ -	$ -	$ -	$ 4,000.00	$ -	$ 4,000.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 358.32	$ -	$ 358.32	$ -	$ -	$ -	$ 358.32	$ -	$ 358.32
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 71,358.32**	$ -	**$ 71,358.32**	$ -	$ -	$ -	**$ 71,358.32**	$ -	**$ 71,358.32**

Indirect As A Percent of Direct 0.0%

Contractor Initials: [signature]

Date: 10-19-16

EXHIBIT B-5 AMENDMENT #3

BCCP BUDGET FORM

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: White Mt.

Budget Request for: Primary Care - BCCP

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 4,214.00	$ -	$ 4,214.00	$ 703.00	$ -	$ 703.00	$ 3,511.00	$ -	$ 3,511.00
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):Clinical Servi	$ 2,183.00	$ -	$ 2,183.00	$ -	$ -	$ -	$ 2,183.00	$ -	$ 2,183.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 6,397.00	$ -	$ 6,397.00	$ 703.00	$ -	$ 703.00	$ 5,694.00	$ -	$ 5,694.00

Indirect As A Percent of Direct 0.0%

Date: 10-19-16

Contractor's Initials: PM

EXHIBIT B-6 AMENDMENT #3
SBIRT BUDGET SHEETS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: White Mountain Community Health Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 7,766.68	$ -	$ 7,766.68	$ -	$ -	$ -	$ 7,766.68	$ -	$ 7,766.68
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 7,766.68**	**$ -**	**$ 7,766.68**	**$ -**	**$ -**	**$ -**	**$ 7,766.68**	**$ -**	**$ 7,766.68**

Indirect As A Percent of Direct 0.0%

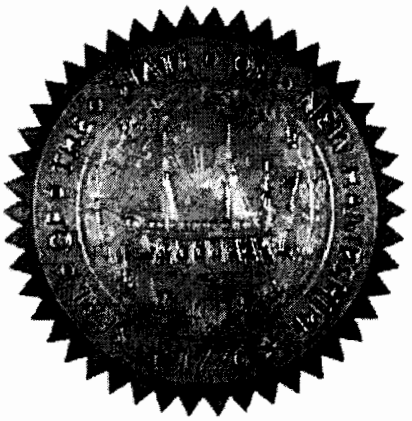
Contractor Initials: PM-

Date: 10-19-16

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 WHITE MOUNTAIN COMMUNITY HEALTH CENTER is a New Hampshire nonprofit corporation formed June 1, 1981. 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 31st day of May A.D. 2016

William M. Gardner
Secretary of State

WITHOUT SEAL

CERTIFICATE OF VOTE

I, Angela Zakon of White Mountain Community Health Center, do hereby certify that:

1. I am the duly elected Treasurer of White Mountain Community Health Center;

2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the corporation, duly held on January 23, 2014;

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

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

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

IN WITNESS WHEREOF, I have hereunto set my hand as the Treasurer of the corporation this 19th day of October, 2016.

Treasurer of White Mountain Community Health Center

STATE OF NEW HAMPSHIRE

COUNTY OF CARROLL

The foregoing instrument was acknowledged before me this 19th day of October, 2016 by Angela Zakon.

Notary Public/Justice of the Peace
My Commission Expires:

DIANE BROTHERS, Notary Public
My Commission Expires August 5, 2019

WHITE-4 OP ID: JS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/20/2016

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

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

PRODUCER Noyes Hall & Allen Insurance www.noyeshallallen.com 170 Ocean Street, PO Box 2403 South Portland, ME 04116-2403 Thomas P. Noyes, CPCU	CONTACT NAME: Thomas P. Noyes, CPCU PHONE (A/C, No, Ext): 207-799-5541 FAX (A/C, No): 207-767-7590 E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE — NAIC #
INSURED White Mountain Community Health Center 298 White Mountain Highway North Conway, NH 03818	INSURER A : Medical Mutual Insurance Co. INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC			NH HCP 004254	01/01/2016	01/01/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 1,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (PER ACCIDENT)	$ $ $ $
A	X UMBRELLA LIAB OCCUR EXCESS LIAB X CLAIMS-MADE DED X RETENTION $ 10000			NH UMB 004256	01/01/2016	01/01/2017	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N N / A If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
A	Med Prof Liab Claims Made			NH HCP 004254	01/01/2016	01/01/2017	Each Loss Aggregate	1,000,000 3,000,000

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

RE: Evidence of Insurance.

CERTIFICATE HOLDER

DHHSNH1

DHHS
150 Wakefield Street, Ste 22
Rochester, NH 03867

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/19/2016

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

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

PRODUCER	CONTACT NAME: Andrea Nicklin, AAI
Chalmers Insurance Group - North Conway	PHONE (A/C, No, Ext): (603) 356-6926 FAX (A/C, No): (603) 356-6934
PO Box 2480	E-MAIL ADDRESS: anicklin@chalmersinsurancegroup.com
3277 White Mountain Highway	INSURER(S) AFFORDING COVERAGE — NAIC #
North Conway NH 03860	INSURER A: Travelers Insurance Company 39357
INSURED	INSURER B:
WHITE MOUNTAIN COMMUNITY HEALTH CENTER	INSURER C:
PO BOX 2800	INSURER D:
	INSURER E:
CONWAY NH 03818	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 16/17 WC **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A		UB6G264175	1/1/2016	1/1/2017	X PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)						E.L. EACH ACCIDENT	$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

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

Evidence of Insurance

CERTIFICATE HOLDER

NH Department of Health & Human Services
129 Pleasant Street
Concord, NH 03301-3857

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

A Nicklin, AAI/ANDREA Andrea Nicklin

WHITE MOUNTAIN
COMMUNITY
HEALTH CENTER

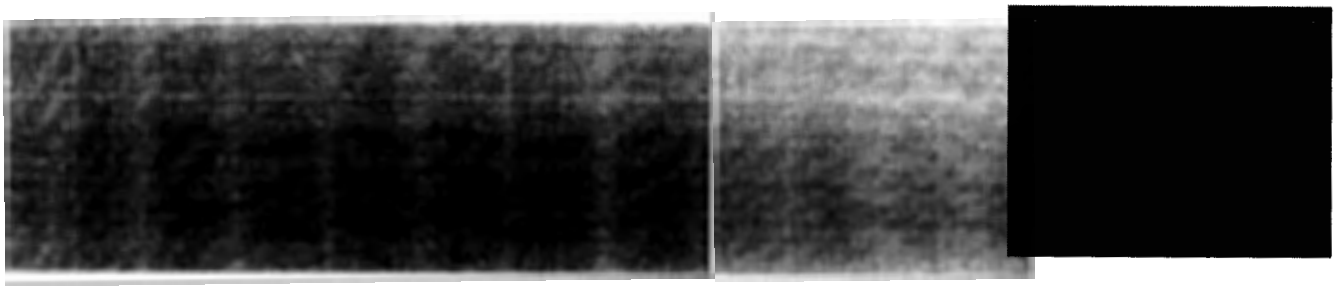
Whole Person. Whole Family. Whole Valley.

298 White Mt. Hwy • PO Box 2800 • Conway, NH 03818 • 603-447-8900

Mission Statement:

White Mountain Community Health Center provides comprehensive, high quality primary care services and health education on a sustainable basis to women, men and children of the Mount Washington Valley community regardless of ability to pay.

BerryDunn



WHITE MOUNTAIN COMMUNITY HEALTH CENTER

FINANCIAL STATEMENTS

June 30, 2015 and 2014

With Independent Auditor's Report

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
White Mountain Community Health Center

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

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of White Mountain Community Health Center as of June 30, 2015 and 2014, and the results of its operations, changes in its net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Prior Period Financial Statements

The financial statements as of June 30, 2014 were audited by Brad Borbidge, P.A., who merged with Berry Dunn McNeil & Parker, LLC as of January 1, 2015, and whose report dated October 24, 2014, expressed an unmodified opinion on those statements.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
October 22, 2015

WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Balance Sheets

June 30, 2015 and 2014

ASSETS

	2015	2014
Current assets		
Cash	**$ 230,057**	$ 273,358
Patient accounts receivable, net of allowance for uncollectible accounts of $31,172 and $25,366 at June 30, 2015 and 2014, respectively	**74,128**	71,728
Other receivables	**33,580**	83,525
Prepaid expenses	**29,908**	21,744
Total current assets	**367,673**	450,355
Long-term investments	**236,512**	234,449
Assets limited as to use	**30,914**	19,139
Property and equipment, net	**189,361**	198,433
Total assets	**$ 824,460**	$ 902,376

LIABILITIES AND NET ASSETS

	2015	2014
Current liabilities		
Accounts payable and accrued expenses	**$ 14,531**	$ 54,997
Accrued payroll and related amounts	**60,328**	87,664
Deferred revenue	**30,025**	42,295
Total current liabilities	**104,884**	184,956
Net assets		
Unrestricted	**688,662**	698,281
Temporarily restricted	**30,914**	19,139
Total net assets	**719,576**	717,420
Total liabilities and net assets	**$ 824,460**	$ 902,376

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

WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Statements of Operations

Years Ended June 30, 2015 and 2014

	2015	2014
Unrestricted revenues, gains, and other support		
Patient service revenue	$ 865,501	$ 928,056
Provision for bad debts	(26,906)	(17,769)
Net patient service revenue	838,595	910,287
Government and private grants	525,221	498,641
In-kind contributions	59,004	69,756
Other operating revenue	20,041	17,104
Net assets released from restrictions	5,208	1,908
Total unrestricted revenues, gains, and other support	1,448,069	1,497,696
Operating expenses		
Salaries and benefits	1,025,793	952,050
Professional fees and contract services	145,445	192,695
Other operating expenses	205,750	175,799
Program supplies	85,050	84,557
Depreciation	45,872	23,045
In-kind contribution expenses	59,004	69,756
Total expenses	1,566,914	1,497,902
Operating loss	(118,845)	(206)
Other revenue and gains		
Investment income	2,231	1,079
Contributions	70,709	72,496
Change in fair value of investments	(714)	624
Total other revenue and gains	72,226	74,199
(Deficit) excess of revenues over expenses	(46,619)	73,993
Net assets released from restriction for capital acquisition	37,000	75,876
(Decrease) increase in unrestricted net assets	$ (9,619)	$ 149,869

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

WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Statements of Changes in Net Assets

Years Ended June 30, 2015 and 2014

	Unrestricted	Temporarily Restricted	Total
Balances, June 30, 2013	$ 548,412	$ 19,677	$ 568,089
Excess of revenues over expenses	73,993	-	73,993
Contributions	-	77,246	77,246
Net assets released for capital acquisition	75,876	(75,876)	-
Net assets released for operations	-	(1,908)	(1,908)
Change in net assets	149,869	(538)	149,331
Balances, June 30, 2014	698,281	19,139	717,420
Deficit of revenues over expenses	**(46,619)**	**-**	**(46,619)**
Contributions	**-**	**53,983**	**53,983**
Net assets released for capital acquisition	**37,000**	**(37,000)**	**-**
Net assets released for operations	**-**	**(5,208)**	**(5,208)**
Change in net assets	**(9,619)**	**11,775**	**2,156**
Balances, June 30, 2015	**$ 688,662**	**$ 30,914**	**$ 719,576**

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

WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Statements of Cash Flows

Years Ended June 30, 2015 and 2014

	2015	2014
Cash flows from operating activities		
Change in net assets	**$ 2,156**	$ 149,331
Adjustments to reconcile change in net assets to net cash (used) provided by operating activities		
Depreciation	**45,872**	23,045
Provision for bad debts	**26,906**	17,769
Restricted contributions	**(53,983)**	(77,246)
Change in fair value of investments	**714**	(624)
(Increase) decrease in		
Patient accounts receivable	**(29,306)**	6,137
Other receivables	**49,945**	(29,638)
Prepaid expenses	**(8,164)**	367
Increase (decrease) in		
Accounts payable and accrued expenses	**(40,466)**	(20,171)
Accrued payroll and related expenses	**(27,336)**	9,375
Deferred revenue	**(12,270)**	(15,135)
Net cash (used) provided by operating activities	**(45,932)**	63,210
Cash flows from investing activities		
Increase in assets limited as to use	**(14,552)**	(1,846)
Purchase of investments	**-**	(225,000)
Capital expenditures	**(36,800)**	(96,830)
Net cash used by investing activities	**(51,352)**	(323,676)
Cash flows from financing activities		
Restricted contributions	**53,983**	77,246
Net cash provided by financing activities	**53,983**	77,246
Net decrease in cash and cash equivalents	**(43,301)**	(183,220)
Cash, beginning of year	**273,358**	456,578
Cash, end of year	**$ 230,057**	$ 273,358

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

1. Summary of Significant Accounting Policies

Organization and Nature of Business

White Mountain Community Health Center (the Center) is a non-stock, non-profit corporation organized in New Hampshire. The Center's primary purpose is to provide comprehensive primary and preventative health care services to the residents in the town of Conway and surrounding communities.

On October 24, 2014, the Center's bylaws were modified removing the sole member of the Center from Mt. Washington Valley Development Foundation (the Foundation). The change eliminated the legal affiliation with the Foundation. The Center continues to maintain strong functional relationships with The Memorial Hospital (TMH) and other health care providers in the area, providing an integrated network of patient services.

Income Taxes

The Center is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the Code), and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code.

Use of Estimates

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

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less, excluding assets limited as to use. Short-term highly liquid investments with an original maturity of more than three months are classified as temporary investments.

Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from outstanding balances and thus reduced by an allowance for uncollectible accounts. In evaluating the collectability of accounts receivable, the Center analyzes its past history and identifies trends for all funding sources in the aggregate. In addition, balances in excess of 1 year are 100% reserved. Management regularly reviews data about revenue in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts. The Center has not changed its methodology for estimating the allowance for uncollectible accounts during the years ended June 30, 2015 and 2014.

A reconciliation of the allowance for uncollectible accounts at June 30, 2015 and 2014 is as follows:

	2015	2014
Balance, beginning of year	$ 25,366	$ 35,000
Provision for bad debts	26,906	17,769
Write-offs	(21,100)	(27,403)
Balance, end of year	$ 31,172	$ 25,366

Investments

Investments in short-term investment options are reported as current assets. Investments held for long-term return are reported as non-current assets.

The Center reports investments at fair value, and has elected to report all gains and losses in the excess (deficit) of revenue over expenses to simplify the presentation of these amounts in the statement of operations, unless otherwise stipulated by the donor or State law.

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

Assets Limited as to Use

Assets limited as to use is comprised of donor-restricted cash contributions.

Property and Equipment

Property and equipment are carried at cost, less accumulated depreciation. Maintenance repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Depreciation is computed on the straight-line method and is provided over the estimated useful life of each class of depreciable asset.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Center has been limited by donors to a specific time period or purpose. Temporarily restricted net assets were specifically restricted for capital improvements, patient services and supplies. Temporarily restricted net assets amounted to $30,914 and $19,139 at June 30, 2015 and 2014, respectively. Permanently restricted net assets are those restricted by donors to be maintained by the Center in perpetuity. For the years ended June 30, 2015 and 2014, there were no permanently restricted net assets.

Patient Service Revenue

Standard charges for services to all patients are recorded as revenue when services are rendered. Patients unable to pay full charge, who do not have other third-party resources, are charged a reduced amount based on the Center's published sliding fee scale. Reductions in full charge are recognized when the service is rendered.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Center are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unreleased net assets and reported in the statement of operations as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying financial statements.

Gifts of Long-lived Assets

Gifts of long-lived assets, such as land, buildings or equipment, are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets or used to extinguish debt related to long-lived assets, are reported as restricted support. In the absence of explicit donor stipulations about how long those long-lived assets must be maintained, expiration of donor restrictions are reported when the donated, acquired long-lived assets are placed in service, or when gifts of cash are used for the extinguishment of debt related to the long-lived assets.

Excess (Deficit) of Revenues Over Expenses

The statements of operations include excess of revenues, gains, and support over expenses and losses. Changes in unrestricted net assets which are excluded from excess of revenues, gains, and support over expenses and losses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

2. Investments

Investments are stated at fair value and consisted of the following at June 30:

	2015	2014
Cash and cash equivalents	**$ 26,766**	$ 6,677
Marketable equity securities	**13,622**	9,450
Mutual funds	**196,124**	218,322
Total investments	**$ 236,512**	$ 234,449

Cash and cash equivalents included as part of investments are not included in cash and cash equivalents for reporting in the statement of cash flows.

Financial accounting standards established a valuation hierarchy for disclosure of the valuation inputs used to measure fair value.

This hierarchy prioritizes the inputs into three broad levels as follows:

1. Level 1 inputs – quoted prices traded daily in an active market.
2. Level 2 inputs – other than quoted prices for active markets that are traded less frequently than daily.
3. Level 3 inputs – unobservable inputs.

The fair value of all of the Center's investments are measured on a recurring basis using Level 1 inputs.

3. Property and Equipment

A summary of property and equipment as of June 30 is as follows:

	2015	2014
Building improvements	$ 19,379	$ 19,379
Furniture	44,855	44,855
Equipment	426,557	389,757
Total cost	490,791	453,991
Less accumulated depreciation	(301,430)	(255,558)
Property and equipment, net	$ 189,361	$ 198,433

4. Line of Credit

The Center has a $50,000 available line of credit with a bank. Interest on borrowings is charged at prime plus 2.%. The credit line expires January 23, 2017. There was no outstanding balance for the years ended June 30, 2015 and 2014.

5. Patient Service Revenue

A summary of patient service revenue by payer as of June 30 is as follows:

	2015	2014
Medicaid	$ 546,550	$ 568,570
Medicare	37,698	56,263
Third party insurance	163,950	197,543
Patient pay	117,303	105,680
Total	$ 865,501	$ 928,056

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs.

The Center believes that it is in substantial compliance with all applicable laws and regulations. However, there is at least a reasonable possibility that recorded estimates could change by a material amount in the near term. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

The Center recorded a favorable change in Medicaid revenue from retroactive rate adjustments amounting to $91,813 and $92,855 for the years ended June 30, 2015 and 2014, respectively.

The Center provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Center does not pursue collection of amounts determined to qualify as charity care, the revenue is recorded net of the free care allowance. The Center estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Center's charity care policy amounted to $194,162 and $239,796 for the years ended June 30, 2015 and 2014, respectively.

The Center is able to provide these services with a component of funds received through local community support and federal and state grants.

6. Retirement Plan

The Center has adopted a 403(b) retirement plan covering substantially all employees. Contributions by the Center to the plan amounted to $16,538 and $15,478 for the years ended 2015 and 2014, respectively.

7. Functional Expense

The Center provides general health care services to residents within its geographic location. Expenses related to providing these services were as follows as of June 30:

	2015	2014
Program services	$ 1,317,142	$ 1,236,238
General and administrative	249,772	261,664
Total	$ 1,566,914	$ 1,497,902

8. Concentration of Risk

The Center has cash deposits in a major financial institution in excess of $250,000, which exceeds federal depository insurance limits. The financial institution has a strong credit rating and management believes the credit risk related to these deposits is minimal:

The Center grants credit without collateral to its patients, most of whom are local residents in the towns served by the Center and are insured under third-party payer agreements. At June 30, 2015, Medicaid represented 59% of gross accounts receivable. No other individual payer source exceeded 10% of the gross accounts receivable balance.

9. Medical Malpractice Claims

The Center insures its medical malpractice risks on a claims-made basis under a policy which covers all employees of the Center. As of June 30, 2015, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of insurance coverage nor are there any unasserted claims or incidents which require loss accrual. The Center intends to renew coverage on a claims-made basis and anticipates that such coverage will be available.

10. Donations In-Kind

TMH provides the Center with office and clinic space located in Conway, New Hampshire at no cost. In addition, TMH provides various information technology support services to the Center at no cost. For the years ended June 30, 2015 and 2014, in-kind contributions from TMH to the Center were as follows:

	2015	2014
Conway office and clinic space	$ 59,004	$ 59,004
Computer support	-	10,752
Total	$ 59,004	$ 69,756

TMH also provided monies for the Center to purchase physician services and to support the dental clinic in the amount of $80,000 and $70,400 for the years ended June 30, 2015 and 2014, respectively.

11. Subsequent Events

For financial reporting purposes, subsequent events have been evaluated by management through October 22, 2015, which is the date the financial statements were available to be issued.

WHITE MOUNTAIN COMMUNITY HEALTH CENTER
Whole Person. Whole Family. Whole Valley.
298 White Mt. Hwy • PO Box 2800 • Conway, NH 03818 • 603-447-8900

Board Roster August 2016

Name, Office	Profession, place of work	Town
Hastings, Carol President	Teacher Retired	Fryeburg, ME
McKinnon, Scott Vice president	Memorial Hospital President and CEO	Albany, NH
Zakon, Angela Treasurer	Senior Accountant Leone, McDonnell & Roberts	Center Conway, NH
Spinney, Janice Secretary	Pharmacy Manager Shaw's Osco Pharmacy	Intervale, NH
Carter, Amy	Librarian Cook Memorial Library	Tamworth, NH
Champagne, Peter	District Manager White Mountain Subways LLC	Madison, NH
Costello, Laura	Nursing Student Merriman House	Albany, NH
French, Terry	Receptionist Cranmore Fitness Center	North Conway, NH
Gemmiti, Jamie	Photographer Conway Daily Sun	Conway, NH
Leonard, Leslie	Attorney Cooper Cargill Chant	Intervale, NH
Mackie, Christy	Marketing Director Conway Humane Society	Fryeburg, ME
Moore, Sara	Psychic Enlightened Horizons	Conway, NH
O'Donnell, Michelle	Owner The Skinny Towel & Washcloth Co.	North Conway, NH

Patricia M. McMurry

QUALIFICATIONS

- Extensive experience in business administration, project management and finance
- Skilled in human relations, group facilitation, public speaking, leadership and team building
- Strong marketing, advertising and public relations skills
- Seasoned professional with a breadth of abilities and experience and a proven track record for achieving increasing responsibilities and accomplishing significant business goals

EXPERIENCE

Executive Director **White Mountain Community Health Center** **2002-Present**

Responsible for all aspects of operations of a non-profit community health center. This Center serves the uninsured and underinsured of Northern Carroll County in New Hampshire. Prenatal, children, adults and teens are seen by health care providers including physician, mid-wives, nurse practitioners, RN's, aides, social workers, hygienist, dentist and nutritionist. Substantially increased and sustained the financial viability of the health center. New and expanded services and patient volume doubled in five years.

Business Consultant **Kleen Oil Kompany** **1999-2002**

Responsible for all aspects of business operations
- Increased collections
- Developed marketing plans and strategy
- Developed policies, procedures and job descriptions
- Developed incentive plans

Director of Operations **HealthSouth Corporation*** **1995-1998**

Responsible for oversight of both a 50-bed and a 100-bed acute rehabilitation hospital, and eight contracted rehabilitation units in four states
- Promoted in one year from Assistant Vice President to Director of Operations
- Managed the physical relocation of the 100-bed acute rehabilitation hospital
- Initiated negotiations for joint venture between a large non-profit hospital and a publicly traded rehabilitation company

Chief Executive Officer **National Medical Enterprises** **1988-1995**

Responsible for oversight of both a 40-bed and an 88-bed rehabilitation hospital
- Promoted in two years from CEO of a 40-bed hospital to CEO of an 88-bed rehabilitation hospital and was made Company Assistant Vice President
- Managed all aspects of the 88-bed hospital, resulting in three prestigious awards for the highest quality and business goals performance from N.M.E.
- Developed and opened three outpatient rehab clinics
- Maintained the financial turnaround of a 40-bed hospital and sustained "above plan" financial performance during my tenure as CEO
- Managed a 40-bed hospital, resulting in three Special Achievement Awards and a Florida Certificate of Need to increase the capacity to 70 beds

* HealthSouth acquired National Medical Enterprises Rehabilitation Hospitals in 1995

V.P. of Operations **Charter Medical Corporation** **1987-1988**

Responsible for marketing, planning, business development, and program management for a newly-opened psychiatric hospital

- Supervised all Clinical Program Directors and the Intake Coordinator
- Became the physician-liaison to the CEO
- Was consultant to an affiliated psychiatric hospital, training staff to use human relations techniques with disruptive teens
- Implemented the utilization review, risk management, and quality assurance activities to achieve J.C.A.H.O accreditation

Director, Community Relations and Resource Development **1985-1987**
Eastern State Hospital

Responsible for community relations as well as identification and alignment of resources required for hospital and community use of a large state psychiatric hospital

- Designed and implemented a community relations plan to ensure the success of appropriate admissions and discharges
- Established a strategic partnership with the Virginia Supreme Court, Community Mental Health Directors, and area psychiatric facilities
- Organized and promoted the first judicial conference at the hospital
- Negotiated crisis intervention inpatient stays for children in their home communities with private sector hospitals

EDUCATION

M.S.W. – Norfolk State University
B.A. – College of William and Mary

TRAINING

UVA Forensic Institute
L.C.S.W. and A.C.S.W. (Virginia))

HONORS

President's Circle – HealthSouth
Special Achievement Awards – National Medical Enterprises

Julie Everett Hill, R.N.

[redacted]

Profile

I am a Registered Nurse with a current New Hampshire license, and the director of operations at a rural community health center. I enjoy the dynamic nature of community health nursing. My interests include mental health and asthma education with an emphasis on viewing the family as a whole when providing care.

Experience

White Mountain Community Health Center, Conway, NH

December 2014-Present: Director of Operations

Coordinate provision of all programs (Family Planning, STD/HIV, BCCSP, Prenatal, Pediatrics, Primary Care, and Teen Clinic). Supervise all clinical, medical records, and front office staff. Coordinate and ensure adequate staffing schedules for clinical staff. Assist in budget preparation as needed. Represent the health center publically at forums and events. Responsible for the implementation of electronic health record and the ongoing customization of the program to ensure appropriate documentation of patient care, meet program reporting needs and facilitate efficient staff workflow across the agency.

2011 to 2014: Director of Clinical Services

Coordinate provision of all programs (Family Planning, STD/HIV, BCCSP, Prenatal, Pediatrics, Primary Care, and Teen Clinic). Supervise all clinical staff. Coordinate and ensure adequate staffing schedules for clinical staff. Perform annual clinical staff evaluations. Assist in budget preparation as needed. Assist Medical Director when seeing patients.

2009-2011: Registered Nurse

Primary care and family planning focus, with patient population newborn through geriatric. Strong focus on patient education, including asthma education and diabetic teaching. Other roles include triage and prioritization of care and coordination of patient care with resources both within and outside of the clinic.

Memorial Hospital, North Conway, NH

June 2007-June 2010: Registered Nurse

Medical Surgical nursing care of a broad range of patients from pediatric to geriatric. Roles included assessment of care of acutely ill patients with medical, surgical and/or orthopedic diagnoses. Patient education, care planning, complete patient assessment and accurate documentation in EMR were integral parts of this position.

May 2006-June 2007: Licensed Practical Nurse

Medical Surgical and some post-partum and newborn nursing care under the supervision of a Registered Nurse.

February 2001-May 2006: LNA/Unit Secretary

Unit Secretary/LNA in fast-paced medical surgical unit. Duties included transcribing doctor's orders, managing patient records, answering and directing phone calls, assisting nurses with order entry and facilitating communication between departments.

Education

Saint Anselm College; Advanced Nursing Leadership Program: 2013
NHCTC, Berlin, NH: Associates Degree in Science, Nursing; May 17, 2007, Phi Theta Kappa Honor Society
Southern Maine Technical College, Portland, ME: Nursing Assistant Certificate 1994
University of Southern Maine: 1992-1993
Certifications and relevant continuing education include:

- North Country Health Consortium Public Health Training Center: Community Health Assessment and Improvement Modules 1-4, 2013
- LEAN Systems Training for Quality Improvement: NH DHHS, September 2013
- Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) consultant training certificate; June 2013
- Current BLS
- Asthma Educators Institute 2010
- Diabetes Nurse Champion, September 2008
- WIC Breastfeeding Peer Counselor Certification, November 2000

Personal/Community

Mount Washington Valley Toastmasters #3596556: Charter member June 2014-present
Seacoast Dock Dogs Member: June 2014-present

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: White Mountain Community Health Center

Name of Contract: Primary Care - BCCP

BUDGET PERIOD: SFY 17				
NAME	JOB TITLE	SALARY	PERCENT PAID FOR THIS	AMOUNT PAID FROM THIS
Patrica McMurry	Executive Director	$88,597	0.00%	$0.00
Julie Hill	Director of Clinical Services	$46,956	7.4772%	$3,511.00
		$0	0.00%	$0.00
		$0	0.00%	$0.00
		$0	0.00%	$0.00
		$0	0.00%	$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				$3,511.00

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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

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

Nicholas A. Toumpas
Commissioner

Marcella Jordan Bobinsky
Acting Director

G+C Approved
Date: 6/24/15
Item # 58

June 1, 2015

Her Excellency, Governor Margaret Wood Hassen
And the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **sole source** amendments with the vendors listed in the table below for the provision of primary care services, breast and cervical cancer screening services and screening, brief intervention and referral to treatment for alcohol and drug misuse by increasing the total price limitation by $8,986,056 from $10,143,156 to $19,129,212 and extending the completion date from June 30, 2015 to June 30, 2017 upon Governor and Executive Council approval. 75.2% General Funds / 24.8% Federal Funds

The original contract, approved in 2012, included a two (2) year renewal option. The Department exercised a one (1) year renewal in 2014. The Department is now seeking to extend the contracts for two (2) two additional years through these sole source amendments. The Governor and Executive Council approved the original contracts and subsequent amendments as follows:

Vendor & Vendor Number	Location	G&C Approval	Amended	Current Budget	Increase/ (Decrease)	Modified Budget Amount
Ammonoosuc Community Health Services, Inc. (177755-R001)	North Grafton/ South Coos	6/20/12 (Item #128)	5/8/14 (Item #34A)	$667,687	$540,879	$1,208,566
Concord Hospital, Inc. (177653-B011)	Merrimack/ Hillsborough	6/20/12 (Item #133)	5/8/14 (Item #34A)	$992,198	$788,937	$1,781,135
Coos County Family Health Services (155327-B001)	Eastern Coos	6/20/12 (Item #130)	5/8/14 (Item #34A)	$427,142	$371,229	$798,371
Families First of the Greater Seacoast (166629-B001)	Seacoast Area	6/20/12 (Item #134)	5/8/14 (Item #34A)	$624,540	$506,291	$1,130,831

Families First of the Greater Seacoast (166629-B001)	Seacoast Area - Homeless	6/6/12 (Item #69)	5/8/14 (Item #34B)	$218,537	$240,101	$458,638
Goodwin Community Health Center (154703-B001)	Strafford County	6/20/12 (Item #135)	5/8/14 (Item #34A)	$1,095,268	$825,647	$1,920,915
Harbor Homes (155358-B001)	Southern Hillsborough County - Homeless	6/6/12 (Item #68)	5/8/14 (Item #34B)	$225,045	$209,393	$434,438
Health First Family Care Center (158221-B001)	Central/East ern Belknap	6/20/12 (#131)	5/8/14 (Item #34)	$748,658	$586,113	$1,334,771
Indian Stream Health Center (165274-B001)	Northern Coos	6/20/12 (Item #125)	5/8/14 (Item #34A)	$259,157	$239,237	$498,394
Lamprey Health Care (177677-B001)	Central Southern/ Eastern NH	6/20/12 (Item #136)	5/8/14 (Item #34A)	$1,696,513	$1,299,195	$2,995,708
Manchester Community Health Center (157274-B001)	Greater Manchester	6/20/12 (Item #132)	5/8/14 (Item #34A)	$1,051,425	$1,435.139	$2,486,564
Manchester Health Department (177433-B009)	Greater Manchester - Homeless	6/20/12 (Item #124)	5/8/14 (Item #34B)	$232,205	$250,169	$482,374
Mid-State Health Center (158055-B001)	Central Northern Belknap	6/20/12 (Item #126)	5/8/14 (Item #34A)	$444,862	$406,811	$851,673
New London Hospital Association, Inc. (177167-R005)	Sullivan County	6/20/12 (Item #129)	5/8/14 (Item #34A)	$587,923	$487,419	$1,075,342
Weeks Medical Center (177171-R001)	Western Coos	7/11/12 (Item #31)	5/8/14 (Item #34A)	$292,483	$306,707	$599,190
White Mountain Community Health Center (174170-R001)	Northern Carroll	6/20/12 (Item #127)	5/8/14 (Item #34A)	$579,513	$492,789	$1,072,302
			Total:	**$10,143,156**	**$8,986,056**	**$19,129.212**

Funds are anticipated to be available in the following accounts for State Fiscal Years 2016 and in State Fiscal Year 2017 upon the availability and continued appropriation of funds in the future operating budgets with the ability to adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified without further approval from the Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

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

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

05-95-049-491510-2990 DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES

Please see attachment for fiscal details.

EXPLANATION

These amendments are **sole source** because the Department is renewing the contracts for two (2) additional years after exercising a one (1) year renewal option in 2014 as allowable in Exhibit C, Special Provisions, paragraph 17 of the contracts, and adding to the scope of services for community health centers that provide primary care services, statewide.

This package includes sixteen (16) of sixteen (16) contracts being amended.

Community health centers provide primary health care services that include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. These vendors deliver primary and preventive health care services to underserved people who face barriers to accessing health care due to issues such as a lack of insurance, inability to pay, language barriers and geographic isolation.

In addition to medical care, community health centers are unique among primary care providers for the array of enabling patient-centered services such as care coordination, translation services, transportation, outreach, eligibility assistance, and health education. These services assist individuals to overcome barriers to obtaining the care they need to achieve their optimal health.

Breast and cervical cancer screening services are provided as part of the preventative health care services in the community health care centers. Breast and cervical cancer screening services include clinical examinations, pap smears and referral for mammography. Through these services, individuals with abnormal test results receive additional coverage or

diagnostic work-ups and, if necessary, coordination of care from initial diagnosis through obtaining necessary treatment.

The vendors, through these amendments, will add infrastructure to provide screening, brief intervention and referral to treatment services for early identification of problematic drug and alcohol use of individuals receiving primary care services. Developing the infrastructure to provide these additional services will enable community health centers to refer those individuals who need specialized treatment to other community service agencies, which will result in optimal coordination and continuity of care.

Vendors will use funding to train staff, hire new medical assistants and/or qualified behavioral health staff necessary to institute and/or review screening, brief intervention and referral to treatment services. Staff training will include the integration of primary care and behavioral health teams to ensure program activities are conducted with fidelity to the Screening, Brief Intervention and Referral to Treatment model adopted by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Vendors will also purchase supplies and equipment that will be used specifically for integrating these services into everyday practices. Additionally, the vendors will utilize funding to support activities that will assist with building, modifying and/or enhancing technology based care approaches and electronic health record systems in order to include, extend, track and record these additional mental health services.

A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. This request includes three (3) vendors who provide primary care and universal screening services to homeless individuals, who otherwise would have no access to health care. These agreements provide funds to community health centers for services as a last resort. Vendors are required to make every effort to bill all other payers including but not limited to private and commercial insurances, Medicare, and Medicaid prior to billing the Department through these contracts.

Should Governor and Executive Council not authorize this request, low-income individuals statewide may not have adequate access to primary care services. Some women may not receive recommended breast and cervical cancer screenings, which would increase their risk of having an untreatable stage of cancer. Additionally, undetected alcohol and drug misuse could result in increases of alcohol and drug related accidents and deaths, which would negatively impact NH citizens.

Area Served: Statewide.

Source of Funds: 75.2% General Funds

24.8% Federal Funds (CFDA #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse. FAIN #T1010035-14; CFDA #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds. FAIN # U58DP003930; CFDA #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States. FAIN #B04MC28113.)

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

Respectfully submitted,

Marcella Bobinsky
Acting Director
Division of Public Health Services

for Diane Langley
Acting Director
Division of Community Based Care Services

Approved by:
Nicholas A. Toumpas
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services Contract

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") dated this, 30th day of April, 2015 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and White Mountain Community Health Center. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 298 White Mountain Highway, PO Box 2800, Conway, NH 03818.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #127) and amended by an agreement (Amendment #1 to the Contract) approved on May 8, 2014 (Item #34A), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement, and Exhibit C Paragraph 17, the State may amend the contract terms and conditions and renew the contract for two (2) additional years by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for two additional years, add services to Exhibit A, Scope of Services and increase the price limitation; and

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

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
   June 30, 2017
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
   $1,072,302
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read:
   Eric D. Borrin
4. Form P-37, General Provisions, Item 1.10, State Agency Telephone Number, to read:
   (603) 271-9558
5. Delete Exhibit A, Scope of Services and Exhibit A-1 Amendment 1, Scope of Services and replace with Exhibit A – Amendment #2.
6. Delete Exhibit A-1 Amendment #1 - Performance Measures and replace with Exhibit A-1 Amendment #2 – Performance Measures.

7. Delete Exhibit B, Purchase of Services Contract Price and replace with Exhibit B – Amendment #2, Method and Conditions Precedent to Payment.
8. Add Exhibit B-1, Budget Form Primary Care through Exhibit B-6, Budget Form SBIRT.
9. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Period Covered by this Certification, to read:

   From 7/1/2012 to 6/30/2017

10. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read:

    July 1, 2012 through June 30, 2017

11. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.

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

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

State of New Hampshire
Department of Health and Human Services

5/12/15
Date

NAME: Brook Dupee
TITLE: Bureau Chief

White Mountain Community Health Center

5-15-15
Date

NAME Patricia McMurry
TITLE Executive Director

Acknowledgement:
State of New Hampshire, County of Carroll on May 15, 2015, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Diane Brothers Notary Public
Name and Title of Notary or Justice of the Peace

DIANE BROTHERS, Notary Public
My Commission Expires August 5, 2019

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

OFFICE OF THE ATTORNEY GENERAL

Date 6/9/15

Name:
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Scope of Services

1. Provisions Applicable to All Services

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

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

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

1.4.1. Uninsured.

1.4.2. Underinsured.

1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5. **Breast and Cervical Cancer Screening** Services shall be provided to women ages twenty-one(21) through sixty-four (64) who are:

1.5.1. Uninsured.

1.5.2. Underinsured.

1.5.3. Low-income, which is defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.6. **Screening, Brief Intervention and Referrals to Treatment** (SBIRT) Services shall be provided to all individuals who seek services described in Section 1.4 and Section 1.5, above.

1.7. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.7.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

1.7.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.7.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or Breast and Cervical Cancer Screening Services for new patients is limited or closed for more than a one month period.

2.2. The Contractor shall maintain documentation for each individual receiving services described in this contract that includes, but is not limited to:

2.2.1. Family income.

2.2.2. Family size.

2.2.3. Income in relation to the Federal Poverty Guidelines.

2.3. The Contractor shall assist individuals with completing a Medicaid application when income calculations indicate possible Medicaid eligibility.

2.4. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.5. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.5.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.5.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.3. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.4. Assessment of need for:

3.1.4.1. Tobacco cessation, including referral to NH Quitworks, as appropriate.

3.1.4.2. Social services.

3.1.4.3. Nutrition services, including WIC, as appropriate.

3.1.4.4. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which shall include, but not be limited to:

3.2.1. Access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.2.2. Care facilitated by registries, information technology, health information exchange and other means to assure that patients get the necessary care when and where they need and want it in a culturally and linguistically appropriate manner.

3.2.3. An integrated model of primary care that may include, but is not limited to:

3.2.3.1. Behavioral health.

3.2.3.2. Oral health.

3.2.3.3. Use of navigators and case management.

3.2.3.4. Co-location of services and system-level integration of care and fiscal accountability.

3.3. The Contractor can choose to provide enabling services, if the budget allows, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor can facilitate enabling services that include, but are not limited to:

3.3.1. Case management.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

3.4. The Contractor must elect to do at least one (1) quality improvement project which consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall facilitate a minimum of one (1) quality improvement project that includes, but is not limited to:

3.4.1. Enhancing clinical workflow/improve patient outcomes by methods that may include, but are not limited to:

3.4.1.1. Alerts.

3.4.1.2. Guidelines.

3.4.1.3. Diagnostic support.

3.4.1.4. Patient registries.

3.4.1.5. Collaborative learning sessions, etc.)

3.4.2. Implementing projects that lead to measurable improvements on any of the performance measures and indicators identified in Exhibit A-1 Amendment #2

3.4.3. Utilizing defined improvement processes to coordinate quality improvement activities.

3.4.4. Identifying and defining specific goals and objectives to be achieved in the project period.

4. Breast and Cervical Cancer Screening Services

4.1. The Contract shall develop work plans based on performance measures in Exhibit A-1 that include activities related to:

4.1.1. The provision of breast and cervical cancer screening.

4.1.2. The promotion of breast and cervical cancer screening.

4.2. The Contractor shall implement evidence-based interventions outlined in the Centers for Disease Control and Prevention Guide to Community Preventative Services (http://www.thecommunityguide.org/index/html) to support the provision and promotion of breast and cervical cancer screening rates, including but not limited to provider reminder systems and patient reminders.

4.3. The Contractor shall provide breast and cervical cancer screening for the early detection of breast and cervical cancer in accordance with the policies and procedures outlined in the BCCP Policy and Procedure Manual, following nationally accepted screening recommendations. Screenings shall include but not be limited to:

4.3.1. Clinical pelvic examinations.

4.3.2. Clinical breast examinations.

4.3.3. Mammograms.

4.3.4. Pap and HPV tests, if appropriate.

4.3.5. Referrals for diagnostic and treatment services, as necessary.

4.4. The Contractor shall provide services to the number of individuals as follows:

4.4.1. 75% of all mammograms shall be provided to women ages fifty (50) to sixty-four (64) at all screening sites.

4.4.2. A maximum of 25% of all mammograms shall be provided to women under the age of fifty (50) at all screening sites.

4.4.3. 20% of newly enrolled women for Pap tests shall be provided at all screening sites to women who have not had a Pap test in over five (5) years.

4.5. The Contractor shall ensure all referrals are made in accordance with the minimum standards outlined in the BCCP Policy and Procedure Manual to facilities that provide approved and certified laboratory, pathology, radiology and surgical services. The Contractor shall ensure:

4.5.1. Mammography units are accredited by the American College of Radiology and FDA certified under MQSA.

4.5.2. Laboratories are CLIA certified.

4.6. The Contractor shall ensure all services and case management activities are completed in accordance with the BCCP Policy and Procedure Manual, including but not limited to follow-up and tracking of all client tests results and referrals.

4.7. The Contractor shall provide screening promotion for all eligible individuals, which includes, but is not limited to:

4.7.1. Patient navigation services that assist individuals to overcome health systems barriers and facilitate timely access to:

4.7.1.1. Quality breast and cervical cancer screening.

4.7.1.2. Breast and cervical cancer diagnostics.

4.7.1.3. Initiation of breast and cervical cancer treatment, when applicable.

4.7.1.4. Assurance that patient navigation services are terminated when the patient:

4.7.1.4.1. Completes screening and has normal results.

4.7.1.4.2. Completes diagnostic testing and has normal results.

4.7.1.4.3. Initiates breast and/or cervical cancer treatment or refuses treatment.

4.7.2. Patient navigation services shall include, but not be limited to:

4.7.2.1. A written assessment of individual client barriers.

4.7.2.2. Client education and support.

4.7.2.3. Assistance with resolving client barriers, including but not limited to transportation and translation services, as appropriate.

4.7.2.4. Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiation of treatment, as needed.

4.7.2.5. A minimum of two contacts with the client, either in person or by telephone.

4.7.2.6. Collecting data to evaluate the primary outcomes of patient navigation, which shall include adherence to screening, diagnostic testing and cancer treatment initiation.

4.7.2.7. Tracking of patients lost to follow-up, as appropriate.

5. Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services

5.1. The Contractor shall develop the infrastructure necessary to provide and record Screening, Brief Intervention, and Referral to Treatment (SBIRT) services related to substance use for all eligible individuals ages nineteen (19) to sixty-five (65) years and for all pregnant women, regardless of age, receiving services in Section 3 and/or Section 4. The Contractor shall:

5.1.1. Provide training to integrated primary care and behavioral health teams to ensure SBIRT activities are conducted with fidelity to the model in Section 5.1.

5.1.2. Modify and/or adapt current Electronic Health Records (EHR) systems in order to track SBIRT:

5.1.2.1. Activities

5.1.2.2. Completions.

5.1.2.3. Recommendations and referrals.

5.1.2.4. Follow-ups.

5.1.3. Utilize Substance Use Disorder (SUD) codes in the EHR for billing that shall:

5.1.3.1. Enable submission for payment through NH Managed Care/Medicaid and other insurance companies.

5.1.3.2. Allow the generation of reports.

5.2. The Contractor shall implement SBIRT services by ensuring sufficient qualified staff are available to conduct SBIRT services according to the SBIRT model described by the Centers for Disease Control (CDC), available on-line at http/www.dcd.gov/ncddd/fasd/documents/aloholsbiimplementationguide.pdf. The Contractor shall:

5.2.1. Implement SBIRT services by including SBIRT activities in daily operations.

5.2.2. Use one or more of the screening instruments listed in Appendix E of "Systems-Level Implementation of Screening, Brief Intervention and Referral to Treatment. TAP 33" (2013 edition) (http://www.integration.samhsa.gov/sbirt/TAP33.pdf) and document screening in the electronic health record (EHR).

5.2.3. Conduct brief interventions with patients who screen positive for potential substance use concerns and document activities in the EHR.

5.2.4. Refer patients to Substance Use Disorder (SUD) treatment services as necessary, and ensure each patient has connected with the specific service

provider by documenting in the EHR, which is audited to ensure appropriate follow up.

5.2.5. Conduct SBIRT with covered populations that include all adults on an annual basis and pregnant women on a trimester basis.

5.3. Coordinate care between community health center (CHC) services and external treatment providers by collaborating with entities that provide SUD treatment services not available at the CHC. The Contractor shall:

5.3.1. Obtain client consents to contact service providers in order to resolve any barriers to accessing services.

5.3.2. Refer patients for SUD services, as needed.

5.3.3. Follow up with patient and/or SUD service provider to ensure appropriate services are provided.

5.3.4. Work with Regional Public Health Networks (RPHNs) to identify new SUD referral resources as they become available.

5.4. The Contractor shall test SBIRT fidelity with a subset of the target population prior to full implementation for all adults ages nineteen (19) to sixty-five (65) annually and pregnant women at each trimester.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall ensure staff delivering SBIRT services have, at minimum, one of the following:

6.3.1. Masters prepared behavioral health practitioners. This includes individuals licensed under the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board.

6.3.2. Masters prepared and in the process of obtaining a license from the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board, while under the supervision of a licensed practitioner of the same profession.

6.3.3. Physicians or Advanced Practice Registered Nurses licensed to practice in NH.

6.3.4. Physician Assistants or other practitioners under the supervision of a Physician licensed to practice in NH.

6.4. The Contractor may deliver breast and cervical cancer screening navigation services through a combination of staff, which may include the provision of outreach and education by lay persons with clinical case management services provided by either:

6.4.1. A registered nurse who:

6.4.1.1. Is licensed with the NH Board of nursing; or

6.4.1.2. Has attained bachelor's degree from a recognized college or university.

6.4.2. A nurse who is working under the direct supervision of a registered nurse, as described in Section 6.4.1.

6.5. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within one month of hired.

6.6. The Contractor shall notify the MCHS, in writing, when:

6.6.1. Any critical position is vacant for more than one month.

6.6.2. There is not adequate staffing to perform all required services for more than one month.

7. Coordination of Services

7.1. The Contractor shall coordinate referrals for continued care of treatment, or breast or cervical healthcare, with other service providers within the community, where possible.

7.2. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.2.1. Community needs assessments.

7.2.2. Public health performance assessments.

7.2.3. The development of regional health improvement plans.

7.3. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings.

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

8.1.3. MCHS Agency Medical Services Directors' meetings.

8.1.4. BCCP Site Coordinators' annual meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall provide an annual BCCP Performance Workplan and Workplan Outcomes Report according to the schedule and instructions provided by the BCCP, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.

9.2. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

9.3. The Contractor shall submit an annual Workplan and Workplan Outcome Report for the quality improvement project(s) that demonstrates improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.4. If utilizing any portion of this contract for enabling services, the Contractor shall submit an annual Workplan and Workplan Outcome Report that includes at least one (1) performance measure for each type of enabling service provided. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.5. The Contractor shall complete the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st.

9.6. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.7. The Contractor shall submit monthly Outcome Reports for SBIRT services according to the schedule and instructions provided by the MCHS. The Contractor shall:

9.7.1. Collect information that includes, but is not limited to:

9.7.1.1. Description of the training provided, including but not limited to:

9.7.1.1.1. The content of the training provided.

9.7.1.1.2. The number of staff who received training.

9.7.1.2. The number of:

9.7.1.2.1. Qualified staff conducting SBIRT

9.7.1.2.2. SBIRT billing codes developed.

9.7.1.2.3. SBIRT services billed to insurance.

9.7.1.3. Updates on any changes, enhancements or adaptations to SBIRT procedures in:

9.7.1.3.1. Technology based systems.

9.7.1.3.2. Staffing.

9.7.1.3.3. Coding and billing.

9.7.1.4. The total number of clients receiving SBIRT delineated by:

9.7.1.4.1. Percentage of clients receiving only screening.

9.7.1.4.2. Percentage of clients receiving brief interventions.

9.7.1.4.3. Percentage of clients referred for more intensive services who initiated services.

9.7.1.4.4. Percentage of clients referred for more intensive services who had problems connecting to services.

9.8. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

9.8.1. DPHS Budget Form.

9.8.2. Budget Justification.

9.8.3. Sources of Revenue.

9.8.4. Program Staff List, which includes staff titles

9.9. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.10. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

9.10.1. Survey template.

9.10.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance.

10.1.2. Administration.

10.1.3. Data collection and submission.

10.1.4. Clinical and financial management.

Contractor's Initials: [signature]

Date 5-15-15

10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records.

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.2.3. SBIRT documentation, which includes but is not limited to:

10.2.3.1. SBIRT policies and procedures.

10.2.3.2. Staff credentials for all staff delivering SBIRT services

10.2.3.3. SBIRT procedures utilized and documented in patient records.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

Exhibit A-1 – Amendment #2

1. PRIMARY CARE PERFORMANCE MEASURES

1.1. Breastfeeding

1.1.1. **Percent of infants who are ever breastfed** (Title V PM #10).

1.1.1.1. Numerator: Infants who were ever breastfed or received breast milk

1.1.1.2. Denominator: All infants born in a state fiscal year

1.2. Preventive Health: Lead Screening

1.2.1. **Percent of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.** (CMS, Hedis).

1.2.1.1. Numerator: At least one capillary or venous blood test on or before the child's second birthday.

1.2.1.2. Denominator: Children who turn 2 years old during the state fiscal year.

1.3. Preventive Health: Adolescent Well-Care Visit

1.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (Hedis, Title V PM #7).

1.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

1.3.1.2. Denominator: Number of adolescents, ages 12 through 21 years of age.

1.4. Preventive Health: Depression Screening

1.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (ACO 18, NQF 0418).

1.4.1.1. Numerator: Patients who are screened for clinical depression using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan documented.

1.4.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.1.3. Denominator: All patients 12 years and older.

1.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

Contractor Initials: [signature]
Date: 5-15-15

1.4.2. **Maternal Depression Screening** (Developmental: not required for FY 16)

1.4.2.1. **Percentage of women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.**

1.4.2.1.1. Numerator: Women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool and screen negative.

AND

Women who are screened for depression during the post-partum visit using an appropriate standardized depression screening tool, screen positive, AND have a follow-up plan documented.

1.4.2.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.2.1.3. Denominator: All women who are at least 6 weeks post-partum in a state fiscal year.

1.4.2.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

1.5. **Preventive Health: Obesity Screening**

1.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (ACO 16, NQF 0421, HRSA UDS).

1.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

1.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters.

1.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist,

occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

1.5.1.4. Denominator: All patients aged 18 years and older who had at least one medical visit during the state fiscal year.

1.5.2. Percent of patients aged 2 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (HRSA UDS).

1.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

1.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

1.6. **Preventive Health: Tobacco Screening**

1.6.1. Percent of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user (ACO 17, NQF 0028, HRSA UDS).

1.6.1.1. Numerator: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.1.2. Definitions:

1.6.1.2.1. Tobacco Use: Includes any type of tobacco

1.6.1.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.1.3. Denominator: All patients aged 18 years and older seen for at least two visits ever

1.6.2. **Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user** (Title V, PM #15).

1.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.2.2. Definitions:

1.6.2.2.1. Tobacco Use: Includes any type of tobacco

1.6.2.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.2.3. Denominator: All women who delivered a live birth in a state fiscal year

1.7. **At Risk Population: Hypertension**

1.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year** (ACO 28, NQF 0018).

1.7.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm Hg at the time of their last measurement.

1.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension must have been diagnosed with hypertension 6 or more months before the measurement date. (Excludes pregnant women and patients with End Stage Renal Disease.)

1.8. **Patient Safety: Falls Screening**

1.8.1. **Percent of patients aged 65 years and older who were screened for future fall risk at least once within 12 months** (ACO 13, NQF0101).

1.8.1.1. Numerator: Patients who were screened for future fall risk at least once within 12 months.

1.8.1.2. Definition of Fall: a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of a sudden onset of paralysis, epileptic seizure, or overwhelming external force.

1.8.1.3. Numerator note: Patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year.

1.8.1.4. Denominator: All patients aged 65 years and older

1.8.1.5. Excluded from denominator population: (Exclusion only applied if patient was not screened for future fall risk) Documentation of medical reason(s) for not screening for future fall risk (e.g. patient is not ambulatory)

2. BCCP PERFORMANCE MEASURES

2.1. BCCP Performance Measure #1

2.1.1. **Measure:*** 78% of female patients age 24 through 64 years of age screened for cervical cancer per USPSTF guidelines.

2.1.2. **Numerator** – Number of female patients 24 through 29 years of age who have had a documented pap in the past 3 years AND female patients 30-64 who have either had a pap in the past 3 years OR an HPV test and a pap in the past 5 years

2.1.3. **Denominator** – Number of female patients 24 through 64 years of age who have had a visit in the past year and do not have evidence of having had a total hysterectomy.

2.1.4. **Data Source:** Chart audits or query of 100% of the **total** population of patients as described in the denominator.

2.1.5. *Measure based on the UDS measure

2.1.6. **Healthy People 2020 National Target is 93%

2.2. BCCP Performance Measure #2

2.2.1. **Measure:*** 75% of female patients age 52 through 74 years of age screened for breast cancer per USPSTF guidelines.

2.2.2. **Numerator** – Number of female patients 52 through 74 years of age who have had a documented mammogram in the past 24 months.

2.2.3. **Denominator** – Number of female patients 52 through 74 years of age who have had a visit in the past year and do not have evidence of having had a bilateral mastectomy.

2.2.4. **Data Source:** Chart audits or query of 100% of the **total** population of patients as described in the denominator.

2.2.5. *Measure based on the USPSTF Guidelines

2.2.6. ** Healthy People 2020 National Target is 81.1%

Contractor Initials: RM

Date: 5-15-15

3. SBIRT PERFORMANCE MEASURES

3.1. **Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services**

3.1.1. **Numerator:** Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention or referral to services.

3.1.2. Definitions

3.1.2.1. Substance Use: Includes any type of alcohol or drug.

3.1.2.2. Brief Intervention: Includes guidance or counseling.

3.1.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.1.3. Denominator: Number of patients aged 18 years and older seen for annual visit within 12 months.

3.2. **Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services**

3.2.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

3.2.2. Definitions:

3.2.2.1. Substance Use: Includes any type of alcohol or drug.

3.2.2.2. Brief Intervention: Includes guidance or counseling.

3.2.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the state fiscal year.

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   - 2.1. #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse.
   - 2.2. #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds.
   - 2.3. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #2, Scope of Services, in accordance with Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2.
4. The Contractor shall use and apply the amount in the SBIRT line item in Exhibit B-3 and Exhibit B-6 on actual SBIRT services provided.
5. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
6. Payment for said services shall be made as follows:
   - 6.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement for:
     - 6.1.1. Authorized expenses incurred in the prior month.
     - 6.1.2. The units of SBIRT services provided, in accordance with Exhibit A – Amendment #2, Section 5.2.2 through Section 5.2.5 and Section 5.3.1 through Section 5.3.3, which shall be paid on a fee-for-service basis at the following rates:
       - 6.1.2.1. $29.86 for each unit of service that is 15-30 minutes.
       - 6.1.2.2. $57.31 for each unit of service that is more than 30 minutes.
   - 6.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   - 6.3. The invoice must be submitted by mail or e-mail to:

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

     E-mail: dphscontractbilling@dhhs.state.nh.us

Contractor Initials: RM

Date: 5-15-15

7. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
8. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
9. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
10. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: BM-
Date: 5-15-15

EXHIBIT B-3 AMENDMENT #2
SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: White Mountain Community Health Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 40,200.00	$ -	$ 40,200.00	$ -	$ -	$ -	$ 40,200.00	$ -	$ 40,200.00
2. Employee Benefits	$ 10,050.00	$ -	$ 10,050.00	$ -	$ -	$ -	$ 10,050.00	$ -	$ 10,050.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ 6,000.00	$ -	$ 6,000.00	$ -	$ -	$ -	$ 6,000.00	$ -	$ 6,000.00
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ 4,000.00	$ -	$ 4,000.00	$ -	$ -	$ -	$ 4,000.00	$ -	$ 4,000.00
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ 6,500.00	$ -	$ 6,500.00	$ -	$ -	$ -	$ 6,500.00	$ -	$ 6,500.00
10. Marketing/Communications	$ 250.00	$ -	$ 250.00	$ -	$ -	$ -	$ 250.00	$ -	$ 250.00
11. Staff Education and Training	$ 4,000.00	$ -	$ 4,000.00	$ -	$ -	$ -	$ 4,000.00	$ -	$ 4,000.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 2,125.00	$ -	$ 2,125.00	$ -	$ -	$ -	$ 2,125.00	$ -	$ 2,125.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 73,125.00**	$ -	**$ 73,125.00**	$ -	$ -	$ -	**$ 73,125.00**	$ -	**$ 73,125.00**
Indirect As A Percent of Direct		0.0%							

Contractor Initials: PMC

Date: 5-15-15

EXHIBIT B-5 AMENDMENT #2

BCCP BUDGET FORM

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: White Mt.

Budget Request for: Primary Care - BCCP

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 4,214.00	$ -	$ 4,214.00	$ 703.00	$ -	$ 703.00	$ 3,511.00	$ -	$ 3,511.00
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):Clinical Servi	$ 4,675.00	$ -	$ 4,675.00	$ -	$ -	$ -	$ 4,675.00	$ -	$ 4,675.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 8,889.00	$ -	$ 8,889.00	$ 703.00	$ -	$ 703.00	$ 8,186.00	$ -	$ 8,186.00
Indirect As A Percent of Direct		0.0%							

Date: 5-15-15

Contractor's Initials: PMC

EXHIBIT B-6 AMENDMENT #2
SBIRT BUDGET SHEETS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: White Mountain Community Health Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 6,000.00	$ -	$ 6,000.00	$ -	$ -	$ -	$ 6,000.00	$ -	$ 6,000.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 6,000.00	$ -	$ 6,000.00	$ -	$ -	$ -	$ 6,000.00	$ -	$ 6,000.00
Indirect As A Percent of Direct		0.0%							

Contractor Initials: PM

Date: 5-15-15

5/8/14
34A MJ

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
Fax: 603-271-4506 TDD Access: 1-800-735-2964

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

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

G & C Approved
Date 5/8/14
Item #34A

March 28, 2014

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

Retroactive
Sole Source
13% Federal Funds
87% General Funds

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend agreements with 13 vendors by increasing the total price limitation by $4,293,569 from $5,173,800 to $9,467,369 to provide primary care services. This amount includes a request to **retroactively** enter into **sole-source** amendments in an amount of $648,347, effective **retroactive** to July, 1, 2013 through June 30, 2014 and to exercise a one-year renewal option with the same 13 vendors in an amount of $3,645,222, extending the completion date from June 30, 2014 to June 30, 2015, effective upon Governor and Council approval. Twelve of these agreements were originally approved by Governor and Council on June 20, 2012, Item numbers 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, and one agreement was originally approved by Governor and Council on July 11, 2012, Item number 31.

Summary of contracted amounts by vendor:

Vendor	Location	SFY 2014 Amount	SFY 2015 Amount	Total Increase
Ammonoosuc Community Health	North Grafton/ South Coos	$42,661	$254,172	$296,833
Concord Hospital, Inc.	Merrimack/ Hillsborough	$64,413	$376,377	$440,790
Coos County Family Health	Eastern Coos	$24,351	$159,685	$184,036
Families First of the Greater Seacoast	Seacoast Area	$41,892	$242,094	$283,986
Goodwin Community Health	Strafford County	$74,293	$420,579	$494,872
Health First Family Care Center	Central/Eastern Belknap	$55,968	$292,214	$348,182
Indian Stream Health Center	Northern Coos & Colebrook	$18,030	$100,409	$118,439
Lamprey Health Care, Inc.	Central Southern/Eastern NH	$119,828	$654,249	$774,077
Manchester Community Health Center	Greater Manchester Area	$71,392	$407,637	$479,029
Mid-State Health Center	Central Northern Belknap	$35,001	$175,511	$210,512
The New London Hospital, Inc.	Sullivan County	$39,566	$225,093	$264,659
Weeks Medical Center	Western Coos	$20,652	$113,557	$134,209
White Mountain Community Health	Northern Carroll	$40,300	$223,645	$263,945
TOTAL		**$648,347**	**$3,645,222**	**$4,293,569**

Funds to support this request are available in the following accounts for SFY 2014 and SFY 2015, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

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

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

See attachment for financial details

EXPLANATION

Approval is requested **retroactive** to July 1, 2013. The services provided by these contracts are consistent with prior contracts and were included in the operating budget for SFY 2014 and SFY 2015. Contracts were delayed, however, since the exact amount of funding available was only recently determined. The SFY 2014 amendments are **sole source** because they exceed more than 10% of the original contract amount.

This requested action seeks approval of 13 amendments that represents $4,293,569 total anticipated to be spent statewide to continue breast and cervical cancer screening and office-based primary care services for low-income and uninsured families. In the interest of efficiency, the contract amendments are being bundled as they are providing the same services, and because of the size of the resulting Governor and Council submission, the copies provided are abbreviated in the interest of saving resources. The Councilors and the public can view the entire submission package on the Secretary of State's website.

Primary health care services include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved people who face barriers to accessing health care, due to issues such as a lack of insurance, inability to pay, language barriers, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. These services help individuals overcome barriers to getting the care they need and achieving their optimal health. One area of particular success has been in ensuring that eligible families maintain consistent enrollment in Medicaid for their children. Community health centers provide support for families in filling out applications and ensuring that children have continuity of care.

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program

provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for mammography. Through this program, women found to have abnormal screening results, following their testing, receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, low-income individuals statewide may not have adequate access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late diagnosis of breast and cervical cancers.

Contracts were awarded to Primary Care agencies through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by teams of three professionals. All reviewers have between three to 20 years' experience managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, these competitively procured Agreements have the option to renew for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. The Department is exercising one year of this renewal option.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. All Primary Care vendors are making adequate progress in meeting clinical performance measures and the Departments wishes to continue working with the vendors for another year.

The performance measures as described in the contract amendment Exhibit A – Amendment 1 – Performance Measures, will be used to continue to measure the effectiveness of the agreement.

Area to be served is statewide.

Source of Funds: 13.09% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau; Centers for Disease Control and Prevention and 86.91% General Funds.

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

Respectfully submitted,

José Thier Montero, MD, MHCDS
Director

Approved by:
Nicholas A. Toumpas
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
White Mountain Community Health Center

This 1st Amendment to the White Mountain Community Health Center contract (hereinafter referred to as "Amendment One") dated this 14 day of March, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and White Mountain Community Health Center (hereinafter referred to as "the Contractor"), a corporation with a place of business at 298 White Mountain Highway, PO Box 2800, Conway, New Hampshire 03818.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

WHEREAS, the Department desires to provide additional primary health care services for preventive and episodic health care for acute and chronic health conditions for people of all ages.

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

To amend as follows:

- Form P-37, to change:
  Block 1.7 to read: June 30, 2015
  Block 1.8 to read: $579,513

- Exhibit A, Scope of Services to add:
  Exhibit A – Amendment 1

- Exhibit B, Purchase of Services, Contract Price, to add:

  Paragraph 1.1 to Paragraph 1:
  The contract price shall increase by $40,300 for SFY 2014 and $223,645 for SFY 2015.

  Paragraph 1.2 to Paragraph 1:
  Funding is available as follows:
- $40,300 from 05-95-90-902010-5190-102-500731, 100% General Funds;
- $202,079 from 05-95-90-902010-5190-102-500731, 6.7% Federal Funds from the US Department of Health and Human Services Administration, Maternal and Child Health Bureau, CFDA #93.994 and 93.3% General Funds;

Contractor Initials: PMC
Date: 3-14-14

- $11,566 from 05-95-90-902010-5659-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.283;
- $10,000 from 05-95-90-901010-7965-102-500731, 100% General Funds.

Add Paragraph 8
8. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

- Budget, to add:
  Exhibit B-1 (2014) - Amendment 1,
  Exhibit B-1 (2015) - Amendment 1

This amendment shall be in effect July 1, 2013, effective upon the date of Governor and Executive Council approval.

Contractor Initials: PM
Date: 3-14-14

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

State of New Hampshire
Department of Health and Human Services

3/28/14
Date

Brook Dupee
Bureau Chief

White Mountain Community Health Center

3-14-14
Date

Name: Patricia McMurry
Title: Executive Director

Acknowledgement:

State of New Hampshire, County of Carroll on March 14, 2014, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Diane Brothers
Signature of Notary Public or Justice of the Peace

Diane Brothers Notary Public
Name and Title of Notary or Justice of the Peace

DIANE BROTHERS
Notary Public - New Hampshire
My Commission Expires August 19, 2014

Contractor Initials:
Date: 3-14-14

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

OFFICE OF THE ATTORNEY GENERAL

4-3-14
Date

Name: Rosemary Wiant
Title: Asst. Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials: RM
Date: 3-14-14

EXHIBIT A – AMENDMENT 1

Scope of Services

The Department desires to continue the relationship with the primary care agencies to provide additional primary health care services for preventive and episodic health care for acute and chronic health conditions for people of all ages.

I. General Provisions

A) Eligibility and Income Determination

1. Office-based primary care services will be provided to low-income individuals and families (defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), in the State of New Hampshire.

2. Breast and Cervical Cancer screening services will be provided to low-income (defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), New Hampshire women age 21– 64, uninsured or underinsured. BCCP changes.

3. The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing if, at any time, the practice is closed to new patients, or maintains a wait list for new patients, or any other mechanism is used that limits access for new patients for more than a one month period.

4. The Contractor shall document annually, for each client enrolled in the program, family income and family size, and calculate percentage of the federal poverty level. If calculations indicate that the client may be eligible for enrollment in Medicaid, the Contractor shall complete with the client the most recent version of the 800P form.

5. The Contractor shall implement, and post in a public and conspicuous location, a sliding fee payment schedule, approved in advance by the Division of Public Health Services (DPHS), for low-income patients. Signage must state that no client will be denied services for inability to pay.

    a. As an alternative, the contractor may post, in a public and conspicuous location, a notice to clients that a sliding fee scale is available and that no client will be denied services for inability to pay. The sliding fee scale must be updated annually based on USDHHS Poverty guidelines as published in the Federal Register, submitted to and approved by DPHS prior to implementation.

6. The primary care contract entered into here shall be the payer of last resort. The contractor shall make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered.

B) Numbers Served

1. The contract funds shall be expended to provide the above services to a minimum of 2,385 users annually with 8,598 medical encounters, as defined in the Data and Reporting Requirements. Breast and Cervical Cancer Screening for eligible women, as defined by the Breast and Cervical Cancer Program (BCCP), shall be provided to 65 women annually and billed directly to the BCCP. Clinical service reimbursements shall not exceed the Medicare rate.

C) Culturally and Linguistically Appropriate Standards of Care

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

1. Assess the ethnic/cultural needs, resources and assets of their community.

2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.

3. Provide clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provided to them without language assistance.

4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.

5. The contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency Citation 45 CFR 80.3(b) (2). The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client, language line).

D) State and Federal Laws

The Contractor is responsible for compliance with all relevant state and federal laws. Special attention is called to the following statutory responsibilities:

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 301, adopted 6/3/08.

2. Persons employed by the contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults, RSA 631:6, Assault and Related Offences and RSA 130:A, Lead Paint Poisoning and Control.

3. Immunizations shall be conducted in accordance with RSA 141-C and the Immunization Rules promulgated hereunder.

E) Relevant Policies and Guidelines

1. The Contractor shall design and provide the services described above to meet the unique and identified health needs of the populations within the contracted service area.

2. Primary Care funds shall be targeted to populations in need. Populations in need are defined as follows:

   a) uninsured;

   b) under-insured;

   c) families and individuals with significant psychosocial and economic risk, including low income status;

   d) all life cycles including perinatal, child, adolescent, adult, and elderly who meet one or more of the above criteria.

3. The Contractor shall design and implement systems of governance, administration, financial management, information management, and clinical services which are adequate to assure the provision of contracted services, and to meet the data and reporting requirements. These systems shall meet the most current minimum standards described in at least one of the following: Health Resources and Services Administration (HRSA) Office of Performance Review protocols, Joint Commission on Accreditation of Health Care Organizations (JCAHO), Accreditation Association for Ambulatory Healthcare (AAAHC), Community Health Accreditation Program (CHAP), or the Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey.

4. The Contractor shall have an agency emergency preparedness and response plan in accordance with HRSA Health Center Emergency Management Program Expectations, Document #2007-15 or most recent version. Such plan shall also include a Continuity of Operations plan.

5. The Contractor shall carry out the work as described in the performance Workplan submitted with the proposal and approved by the Rural Health and Primary Care Section (RHPCS), and the Maternal and Child Health Section (MCHS).

6. No Workplan is required by the Breast and Cervical Cancer Program (BCCP). The contractor shall be required to respond to the Quality Improvement Feedback Report twice a year.

7. The Contractor shall carry out the work as described in the Supplemental Funding Form submitted with the proposal and approved by the Rural Health and Primary Care Section (RHPCS), and the Maternal and Child Health Section (MCHS).

F) Publications Funded Under Contract

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.

2. All documents (written, video, audio, electronic) produced, reproduced, or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.

3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C (14).

G) Subcontractors

If any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the Division of Public Health Services (DPHS), Maternal and Child Health Section must be notified in writing and approve the subcontractual agreement, prior to initiation of the subcontract.

1. If any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the Division of Public Health Services (DPHS), Maternal and Child Health Section must be notified in writing and approve the subcontractual agreement, prior to initiation of the subcontract.

2. In addition, the original DPHS contractor will remain liable for all requirements included in this Exhibit and carried out by subcontractors.

II. Minimal Standards of Core Services

A. Service Requirements

1. Medical Home

The Contractor shall provide a Medical Home that:

a) Facilitates partnerships between individual patients and their personal physicians, and when appropriate, the patient's family.

b) Provides care facilitated by registries, information technology, health information exchange, and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

2. Primary Care Services

The Contractor shall provide office-based primary care services to populations in need who reside in the contractor's service area. Primary care services shall include:

a) Health care provided by a New Hampshire licensed MD, DO, APRN, or PA, including diagnosis and treatment of acute and chronic illnesses within the scope of family practice; preventive services, screenings, and health education according to established, documented state or national guidelines; assessment of need for social and nutrition services, and appropriate referrals to health, oral health, and behavioral health specialty providers.

b) Referral to the WIC Nutrition Program for all eligible pregnant women, infants and children.

c) In-hospital care for conditions within the scope of family practice must be provided at a hospital, within the agency service area, through a staff clinician with full hospital privileges, or in the alternative, through a formal referral and admissions procedure available to clients on a 24 hour/7 day a week basis.

d) Access to a healthcare provider, directly or by referral or subcontract, by telephone twenty-four hours per day, seven days per week.

e) Assessment of psychosocial risk for all clients at least annually and for children at scheduled preventive care visits, including, at a minimum, age appropriate assessment of safety in the home, domestic violence, adequacy of food and housing, care and welfare of children, transportation needs, and provision of necessary social services to address the priority needs and safety issues of clients and families.

f) Falls prevention screening for patients 65 years and older using the algorithm and guidelines of the American Geriatrics Society.

g) Behavioral health care directly or by referral to an agency or provider with a sliding fee scale.

h) Nutrition assessment for all clients as part of the health maintenance visit. Therapeutic nutrition services shall be provided as indicated directly or by referral to an agency or provider with a sliding fee scale. These services shall be recorded in the medical record.

i) Formal arrangements with a local hospital for emergency care must be in place and reviewed annually.

j) Home health care directly or by referral to an agency or provider with a sliding fee scale.

k) Assisted living and skilled nursing facility care by referral.

l) Oral screening annually for all clients 21 years and older to note obvious dental decay and soft tissue abnormalities with a reminder to the patient that poor oral health impacts total health.

m) Diagnosis and management of pediatric and adult patients with asthma provided according to National Heart Lung Blood Institute, National Asthma Education and Prevention Program, Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma, 2007.

3. Breast and Cervical Cancer Screening

a) Women age 21 to 64 who are eligible for Breast and Cervical Cancer Program (BCCP) services according to income (equal to or under 250% of poverty, underinsured/uninsured) and insurance status criteria shall be provided the following services, following USPSTF screening recommendations:

i. cervical cancer screening including a pelvic examination and Pap smear;
ii. breast cancer screening including a clinical breast exam, mammogram and,
iii. referrals for diagnostic and treatment services based on screening results,
iv. case management services.

b) All referrals under this provision shall be to approved certified laboratory, pathology, radiology, and surgical services. Mammography units shall be accredited by the American College of Radiology, and must be FDA certified under MQSA. Laboratories shall be CLIA certified.

c) All services shall be provided in accordance with the Breast and Cervical Cancer Program (BCCP) Policy and Procedure Manual.

d) Follow-up and tracking of all tests done, and referrals made shall be provided in accordance with the minimum standards outlined in the Breast and Cervical Cancer Program Policy and Procedure Manual.

e) All services for women enrolled in the Breast and Cervical Cancer Program (BCCP) shall be billed directly to the BCCP in accordance with protocols established by the Breast and Cervical Cancer Program.

f) The Contractor shall provide the NH Breast and Cervical Cancer Program with breast and cervical cancer screening rates for all women served by the practice as requested, but not more than twice per SFY.

g) The contractor shall work with the NH Breast and Cervical Cancer Program staff to increase the breast and cervical cancer screening rates among all women serviced by the practice.

4. Reproductive Health Services

The Contractor shall provide prenatal, interconceptional and preconception medical care, social services, nutrition services, education, and nursing care to all women of childbearing age. Preconceptional care includes the preconception, interconceptional, and postpartum periods in women's health. It is recommended that preconceptional and interconceptional care visits focus on maintaining or achieving the optimal health of the mother, lowering the risk of future adverse pregnancy outcomes, the family's future plans, and how additional children fit into that plan. Preconceptional counseling may be done during an office, group or home visit.

a) In the event prenatal care is not provided directly by the Contractor a formal Memorandum/a of Agreement for coordinated referral to an appropriately qualified provider must be maintained.

b) Prenatal care shall, at minimum, be provided in accordance with the Guidelines for Perinatal Care, sixth or most current edition, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and /or the Centers for Disease Control.

c) Age appropriate reproductive health care shall, at a minimum, be provided in accordance with the American College of Obstetricians and Gynecologists, or the USDHHS Centers for Disease Control (CDC) current guidelines.

d) Pregnant women enrolled in the WIC Nutrition Program shall be referred to WIC for breastfeeding education and referral to the WIC Nutrition Program peer counselors.

e. Family planning counseling for prevention of subsequent pregnancy following an infant's birth shall be discussed with the infant's mother at the first postpartum visit and at the infant's 2-month visit and other visits as appropriate. Rationale for birth intervals of 18-24 months shall be presented.

f) A referral to a Title X Family Planning Clinic or other reproductive health care provider shall be made as appropriate.

5. Services for Children and Adolescents

The Contractor shall provide as a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' most recent periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent. Children and adolescent visits shall include:

a) The World Health Organization (WHO) growth charts shall be used to monitor growth for infants and children birth up to age 2 years. The Centers for Disease Control and Prevention (CDC) growth charts shall be used for children age 2 years and older.

b) Blood lead testing shall be performed in accordance with "New Hampshire Childhood Lead Poisoning Screening and Management Guidelines", issued by the New Hampshire Department of Health and Human Services, 2009 or subsequent revisions.

c) All children enrolled in either Medicaid, Head Start, or the Women, Infant, and Children (WIC) Program and/or who are ≤ 185%_poverty, regardless of town of residence, are required to have a blood lead test at ages one and two years. All children ages three to six years who have not been previously tested shall have a blood lead test performed.

d) All children shall be screened for iron deficiency anemia as outlined in the Centers for Disease Control and Prevention document "Recommendations to Prevent and Control Iron Deficiency in the United States (4/2/98)".

e) Age-appropriate anticipatory guidance, dietary guidance, and *feeding practice counseling* for optimal oral health shall be provided at each well child visit according to the American Academy of Pediatrics' periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent edition. Starting at age 6 months, it is recommended that all children receive an oral health assessment at every well child visit, and a referral for the child's first visit to the dentist by age one as recommended by the American Academy of Pediatrics and the American Academy of Pediatric Dentistry.

f) Supplemental fluoride shall be prescribed as needed based upon the fluoride levels in the child's drinking water supply. The fluoride dosage regimen accepted by the American Academy of Pediatrics shall be followed. No fluoride shall be prescribed without obtaining water from private wells or noting the presence or absence of fluoride in the public water supply. Supplemental fluoride may include bottled water containing fluoride and topical applications such as varnishes.

g) For infants enrolled in the WIC Nutrition Program, parents shall be referred to WIC for breastfeeding support and referral to the WIC Nutrition Program peer counselors.

6. Sexually Transmitted Infections

Primary Care Services shall provide age appropriate screening and treatment of sexually transmitted infections.

a) Treatment for sexually transmitted infections shall be provided according to the United States Centers for Disease Control Sexually Transmitted Diseases Treatment Guidelines, 2010 or subsequent revisions.

b) All clients, including women, shall be offered HIV testing following the most current recommendations of the United States Centers for Disease Control.

c) The contractor shall be responsible for ensuring referral to appropriate treatment services for any woman found to screen positive.

d) Appropriate risk reduction counseling shall be provided based on client needs.

7. Substance Use Services

a) A substance use screening history using a formal, validated screening tool shall be obtained for all clients as soon after entry into care as possible. Substance use counseling or other substance abuse intervention, treatment, or recovery services by an appropriately credentialed provider shall be provided on-site, or by referral, to clients with identified needs for these services. For these identified clients, ongoing primary care services should include follow up monitoring relative to substance abuse.

b) All clients, including pregnant women, identified as smokers shall receive counseling using the 5A's (ask, advise, assess, assist, and arrange) treatment available through the NH Tobacco Helpline as cited in the US Public Health Services report "Tobacco Use and Dependence", 2008, or "Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking", American College of Obstetricians and Gynecologists, 2011. With prior approval, agencies may also opt to participate in the DPHS best practice initiative of the 2A's and R (ask, advise and refer).

8. Immunizations

a) The Contractor shall adhere to the most current version of the "Recommended Adult Immunization Schedule for Adults (19 years and older) by Age and Medical Condition - United States", approved by the Advisory Committee on Immunization Practices, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians.

b) The Contractor shall administer vaccines according to the most current version of the "Recommended Immunization Schedule for Persons Aged 0 Through 6 Years - United States", and "Recommended Immunization Schedule for Persons Aged 7 Through 18 Years – United States" approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians, based upon availability of vaccine from the New Hampshire Immunization Program.

9. Prenatal Genetic Screening

a) A genetic screening history shall be obtained on all prenatal clients as soon after entry into care as possible.

b) All pregnant women should be offered voluntary genetic screening for fetal chromosomal abnormalities at the appropriate time following recommendations found in the American College of Obstetricians and Gynecologists' "Screening for Fetal Chromosomal Abnormalities (2007)" or more recent guidelines. The Contractor shall be responsible for ensuring referral to appropriate genetic testing and counseling for any woman found to have a positive screening test.

10. Additional Requirements

a) The Contractor's Medical Director shall participate in the development and approval of specific guidelines for medical care that supplement minimal clinical standards. Supplemental guidelines should be reviewed, signed, and dated annually, and updated as indicated.

b) Contractors considering clinical or sociological research using clients as subjects must adhere to the legal requirements governing human subjects research. Contractors must inform the DPHS, MCHS prior to initiating any research related to this contract.

c) The Contractor shall provide information to all employees annually about the Medical Reserve Corps Unit within their Public Health Region to enhance recruitment.

d) The Contractor shall provide information to all employees annually regarding the Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) managed by the NH Department of Health and Human Services' Emergency Services Unit, to enhance recruitment.

B) Staffing Provisions

The Contractor shall have, at minimum, the following staff positions:

a) executive director

b) fiscal director

c) registered nurse

d) clinical coordinator

e) medical service director

f) nutritionist (on site or by referral)

g) social worker

Staff positions required to provide direct services on-site include:

a) registered nurse

b) clinical coordinator

c) social worker

1. Qualifications

All health and allied health professionals shall have the appropriate New Hampshire licenses whether directly employed, contracted, or subcontracted.

In addition the following minimum qualifications shall be met for:

a) Registered Nurse
   a. A registered nurse licensed in the state of New Hampshire, Bachelor's degree preferred. Minimum of one-year experience in a community health setting.

b) Nutritionists:
   a. A Bachelor's degree in nutritional sciences or dietetics, or a Master's degree in nutritional sciences, nutrition education, or public health nutrition or current Registered Dietitian status in accordance with the Commission on dietetic Registration of the American Dietetic Association.
   b. Individuals who perform functions similar to a nutritionist but do not meet the above qualifications shall not use the title of nutritionist.

c) Social Workers shall have:
   a. A Bachelor's or Master's degree in social work or Bachelor's or Master's degree in a related social science or human behavior field. A minimum of one year of experience in a community health or social services setting is preferred.
   b. Individuals who perform functions similar to a social worker but do not meet the above qualifications shall not use the title of social worker.

d) Clinical Coordinators shall be:
   a. A registered nurse (RN), physician, physician assistant, or nurse practitioner with a license to practice in New Hampshire.
   b. The coordinator is a clinical position that oversees and takes responsibility for the clinical and administrative functions of each program.
   c. The coordinator may be responsible for more than one MCH funded program.

2. New Hires

The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing within one month of hire when a new administrator, clinical coordinator, or any staff person essential to carrying out contracted services is hired to work in the program. A resume of the employee shall accompany the aforesaid notification.

3. Vacancies

   a) The Contractor must notify the MCHS in writing if any critical position is vacant for more than one month, or if at any time funded under this contract does not have adequate staffing to perform all required services for more than one month. This may be done through a budget revision.

   b) Before an agency hires new program personnel that do not meet the required staff qualifications, the agency shall notify the MCHS in writing requesting a waiver of the applicable staffing requirements. The Section may grant waivers based on the need of the program, individuals' experience, and additional training.

C) Coordination of Services

1. The Contractor shall coordinate, where possible, with other service providers within the contractor's community. At a minimum, such collaboration shall include interagency referrals and coordination of care.

2. The Contractor shall participate in activities in the Public Health Region in which they provide services as appropriate. These activities enhance the integration of community-based public health prevention and health care initiatives that are being implemented by the contractor and may include community needs assessments, public health performance assessments, and/or the development of regional health improvement plans.

3. The Contractor agrees to participate in and coordinate public health activities as requested by the Division of Public Health Services during any disease outbreak and/or emergency, natural or man-made, affecting the public's health.

4. The Contractor is responsible for case management of the client enrolled in the program and for program follow-up activities. Case management services shall promote effective and efficient organization and utilization of resources to assure access to necessary comprehensive medical, nutritional, and social services for clients.

5. The Contractor shall assure that appropriate, responsive, and timely referrals and linkages for other needed services are made, carried through, and documented. Such services shall include, but not be limited to: dental services, genetic counseling, high risk prenatal services, mental health, social services, including domestic violence crisis centers, substance abuse services; and family planning services, Early Supports and Services Program, local WIC/CSF Program, Home Visiting New Hampshire Programs and health and social service agencies which serve children and families in need of those services.

D) Meetings and Trainings

The contractor will be responsible for sending staff to meetings and training required by the MCHS program, including but not limited to:

1. MCHS Agency Directors' meetings
2. Prenatal and Child Health Coordinators' meetings
3. MCHS Agency Medical Services Directors' meetings

III. Quality or Performance Improvement (QI/PI)

A) Workplans

1. Performance Workplans are required for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the RHPCS and the MCHS performance-based contracting system and of this contract. Outcomes shall be reported by clinical site.
2. Performance Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.
3. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail the Performance Workplan plans and activities that monitor and evaluate the agency's progress toward performance measure targets.
4. The Contractor shall comply with modifications and/or additions to the workplan and annual report format as requested by RHPCS and MCHS. MCHS will provide the contractor with reasonable notice of such changes.
5. Agencies contracting for Primary Care Services must submit the workplans for Primary Care Clinical and Financial, Child Health, and Prenatal Care.

B) Additional Reporting requirements

In addition to Performance Workplans, the Contractor shall submit to MCHS the following data and information listed below which are used to monitor program performance:

1. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff list forms must be

completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.

2. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

3. Completed Uniform Data Set (UDS) tables reflecting program performance in the previous calendar year, by March 31 of each year.

4. The Perinatal Client Data Form (PCDF) shall be submitted electronically according to the instructions set forth by the MCHS.

5. A copy of the agency's updated Sliding Fee Scale including the amount(s) of any client fees and the schedule of discounts must be submitted by March 31st of each year. The agency's sliding fee scale must be updated annually based on the US DHHS Poverty guidelines as published in the Federal Register.

6. An annual summary of program-specific patient satisfaction results obtained during the prior contract period and the method by which the results were obtained shall be submitted annually as an addendum to the Workplan Outcome/Progress reports.

C) On-site reviews

1. The contractor shall allow a team or person authorized by the Division of Public Health Services to periodically review the contractor's systems of governance, administration, data collection and submission, clinical and financial management, and delivery of education services in order to assure systems are adequate to provide the contracted services.

2. Reviews shall include client record reviews to measure compliance with this exhibit.

3. The contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this exhibit.

4. On-Site reviews may be waived or abbreviated at the discretion of MCHS, upon submission of satisfactory reports of reviews such as Health Services Resources Administration (HRSA): Office of Performance Review (OPR), or reviews from nationally accreditation organizations such as the Joint Commission for the Accreditation of Health Care Organizations (JCAHO), Medicare, the Community Health Accreditation Program (CHAP), Accreditation Association for Ambulatory Healthcare (AAAHC), or the Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey. Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE CHILD HEALTH DIRECT CARE SERVICES
PERFORMANCE MEASURE DEFINITIONS
Fiscal Year 2015

Please note, for all measures, the following should be used **unless otherwise indicated:**

- Less than 19 years of age
- Served within the scope of this MCH contract during State Fiscal Year 2015 (July 1, 2014 – June 30, 2015)
- Each client can only be counted once (unduplicated)

Child Health Direct (CH – D) Performance Measure #1

Measure: 92%* of eligible children will be enrolled in Medicaid

Goal: To increase access to health care for children through the provision of health insurance

Definition: **Numerator-**
Of those in the denominator, the number of children enrolled in Medicaid.

Denominator-
Number of children who meet all of the following criteria:

- Less than 19 years of age
- Had 3 or more visits/encounters** during the reporting period
- As of the last visit during the reporting period were eligible for Medicaid

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

*Target based on 2012 & 2013 Data Trend Table averages.
**An encounter is face to face contact between a user and a provider who exercises independent judgment in the provision of services to the individual (UDS Table Definition).

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Child Health Direct (CH – D) Performance Measure #2

Measure: 85%* of at-risk** children who were screened for blood lead between 18 and 30 months of age

Goal: To prevent childhood lead poisoning through early identification of lead exposure

Definition: **Numerator-**
Of those in the denominator, number of children screened for blood lead by capillary or venous on or after their 18-month birthday and prior to their 30-month birthday.

Denominator-
Number of at-risk** children who reached age 30 months during the reporting period. If discharged prior to 30 months, do not include in denominator.

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

*Target based on 2012 & 2013 Data Trend Table averages.

**At risk = During the reporting period, the children were 18-29 months of age, and fit at least one of the following criteria:

- "Low income" (less than 185% poverty guidelines)
- Over 185% and resided in a town considered needing "Universal" screening per NH Childhood Lead Poisoning Prevention Program
- Over 185%, resided in a town considered "Target" and had a positive response to the risk questionnaire
- Refugee children -A refugee is defined as a person outside of his or her country of nationality who is unable or unwilling to return because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion (U.S. Citizenship and Immigration Services definition).

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Child Health Direct (CH – D) Performance Measure #3

Measure: 71%* of children age two to nineteen years receiving primary care preventive health services with a Body Mass Index (BMI) percentile greater than or equal to the 85%ile with documented discussion of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks.

Goal: To increase the percent of children receiving primary care preventive health services who have an elevated BMI percentile who receive guidance about promoting a healthier lifestyle.

Definition: **Numerator-**
Of those in the denominator, the number of children who had documentation in their medical record of there being discussion at least once during the reporting period of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks.

Denominator-
Number of children who turned twenty-four months during or before the reporting period, up to the age of nineteen years, with one or more well child visit after their twenty-fourth month of age within the reporting year, and had an age and gender appropriate BMI percentile greater than or equal to the 85 % percentile at least once during the reporting period.

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

Rationale: Children between the 85th – 94th percentiles BMI are encouraged to have 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks. (Discussion of the importance of family meal time, limiting eating out, consuming a healthy breakfast, preparing own foods, and promotion of breastfeeding is also encouraged.) American Academy of Pediatrics' guidance for Prevention and Treatment of Childhood Overweight and Obesity, (http://www.aap.org/obesity/health_professionals.html), from AAP Policy Statement: *Prevention of Pediatric Overweight and Obesity* and the AAP endorsed Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Children and Adolescent Overweight and Obesity, 2007.

*Target based on 2012 & 2013 Data Trend Table averages.

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Child Health Direct (CH – D) #4

Measure: 75%* of eligible** infants and children with client record documentation of enrollment in WIC

Goal: To increase access to nutrition education, breastfeeding support, and healthy food through enrollment in the WIC Nutrition Program

Definition: **Numerator -**
Of those in the denominator, the number of infants and children who, as of the last well child visit during the reporting period, had client record documentation that infant or child was enrolled in WIC.

Denominator -
Unduplicated number of infants and children less than 5 years of age, enrolled in the agency, during the reporting period, who were eligible** for WIC.

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

*Target based on 2012 & 2013 Data Trend Table averages.
**WIC Eligibility Requirements:

- Infants, and children up to their fifth birthday
- Must be income eligible (income guidelines are up to 185% of federal gross income, and are based on family size)

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Child Health Direct (CH – D) Performance Measure #5

Measure: 23%* of infants who were exclusively** breastfed for the first three months, at their four month well baby visit

Goal: To provide optimum nutrition to infants in their first three months of life

Definition: **Numerator -**
Of those in the denominator, the number of infants who had client record documentation that the infant had been exclusively breastfed for their first three months when checked at their four month well baby visit.

Denominator -
Number of infants who received one or more visits during or before the reporting period and were seen for a four-month well baby visit during the reporting period.

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

Benmarks: 2011 PedNSS (WIC) exclusive at 3 months: NH 22.9%, National (2010) 10.7%
2013 CDC Report Card (NIS, provisional 2010 births): NH 49.5%, National 37.7%
Healthy People 2020 goal: 44%

Rationale: The AAP recommends exclusive breastfeeding for about 6 months, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant, a recommendation concurred to by the World Health Organization and the Institute of Medicine. (American Academy of Pediatrics Policy Statement on Breastfeeding and the Use of Human Milk, 2012)

*Target based on 2012 & 2013 Data Trend Table averages.
**Exclusive means breast milk only, no supplemental formula, cereal/baby food, or water/fluids.

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE: ADULT

PERFORMANCE MEASURES DEFINITIONS

State Fiscal Year 2015

Primary Care: Adult Performance Measure #1

Measure:*	58%** of adult patients 18 – 85 years of age diagnosed with hypertension will have a blood pressure measurement less than 140/90*** mm at the time of their last measurement.
Goal:	To ensure patients diagnosed with hypertension are adequately controlled.
Definition:	**Numerator-** Number of patients from the denominator with blood pressure measurement less than 140/90 mm at the time of their last measurement. **Denominator-** Number of patients age 18 – 85 with diagnosed hypertension must have been diagnosed with hypertension 6 or more months before the measurement date. (Excludes pregnant women and patients with End Stage Renal Disease.)
Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

*Measure based on the National Quality Forum 0018

**Health People 2020 National Target is 61.2%

***Both the numerator and denominator must be less that 140/90 mm

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE CLINICAL
PERFORMANCE MEASURE DEFINITIONS
Fiscal Year 2015

Primary Care Clinical Adolescent (PC-C) Performance Measure #1

Measure: 61%* of adolescents aged 11-21 years received an annual health maintenance visits in the past 12 months.

Goal: To enhance adolescent health by assuring annual, recommended, adolescent well -visits.

Definition:

Numerator-
Number of adolescents in the denominator who received an annual health maintenance "well" visit during the reporting year.

Denominator-
Total number of adolescents aged 11-21 years who were enrolled in the primary care clinic as primary care clients during the reporting year period.

Data Source: Chart audits or query of 100% of the **total** population of patients as described in the denominator.

***Target based on 2012 & 2013 Data Trend Table averages.**

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Primary Care Clinical Prenatal (PC-C) Performance Measure #2

Measure:	31%* of women and adolescent girls aged 15-44 take multi-vitamins with folic acid.
Goal:	To enhance pregnancy outcomes by reducing neural tube defects.
Definition:	**Numerator-** The number of women and adolescent girls aged 15-44 who take a multi-vitamin with folic acid. **Denominator-** The number of women and adolescent girls aged 15-44 who were seen in primary care for a well visit in the past year.
Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

***Target based on 2012 & 2013 Data Trend Table averages.**

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE - FINANCIAL
PERFORMANCE MEASURE DEFINITIONS
Fiscal Year 2015

Primary Care (PC) Performance Measure #1

Measure: Patient Payor Mix

Goal: To allow monitoring of payment method trends at State funded primary care sites.

Definition: Patients enrolled in Medicare, Medicaid, Commercial insurance, or uninsured.

Data Source: Provided by agency

Primary Care (PC) Performance Measure #2

Measure: Accounts Receivables (AR) Days

Goal: To allow monitoring of financial sustainability trends at State funded primary care sites.

Definition: AR Days: Net Patient Accounts Receivable **multiplied by** 365 **divided by** Net Patient Revenue

Data Source: Provided by agency

Primary Care (PC) Performance Measure #3

Measure: Current Ratio

Goal: To allow monitoring of financial sustainability trends at State funded primary care sites.

Definition: Current Ratio = Current Assets **divided by** Current Liabilities

Data Source: Provided by agency

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRENATAL
PERFORMANCE MEASURES DEFINITIONS
State Fiscal Year 2015

Prenatal (PN) Performance Measure #1

Measure:	85%* of pregnant women who are enrolled in the agency's prenatal program will begin prenatal care during the first trimester of pregnancy.
Goal:	To enhance pregnancy outcomes by assuring early entrance into prenatal care.
Definition:	**Numerator-** Number of women in the denominator who had a documented prenatal visit during the first trimester (on or before 13.6 weeks gestation). **Denominator-** Number of women enrolled in the agency prenatal program who gave birth during the reporting year.
Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

* Target based on 2012 & 2013 Data Trend Table averages.

Prenatal (PN) Performance Measure #2

Measure:	20%* of pregnant women who are identified as cigarette smokers will be referred to QuitWorks-New Hampshire.
Goal:	To reduce tobacco use during pregnancy through focused tobacco use cessation activities at public health prenatal clinics.
Definition:	**Numerator-** Number of women in the denominator who received at least one referral to QuitWorks-New Hampshire during pregnancy. **A referral is defined as signing the patient up for QuitWorks-NH via phone, fax, or EMR. It is not defined as discussing QuitWorks-NH with the patient and encouraging her to sign up.** **Denominator-** Number of women enrolled in the agency prenatal program and identified as tobacco users who gave birth during the reporting year.

Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

*Target set in consultation with the NH Tobacco Program & FY13 Data Trend Table average.

Prenatal (PN) Performance Measure #3

Measure:	79%* of pregnant women will be screened, using a formal valid screening tool, for alcohol and other substance use during every trimester they are enrolled in the prenatal program.
Goal:	To reduce prenatal substance use through systematic screening and identification.
Definition:	**Numerator-** Number of women in the denominator who were screened for substance and alcohol use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program. **Denominator-** Number of women enrolled in the agency prenatal program and who gave birth during the reporting year.
Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

* Target based on 2012 & 2013 Data Trend Table averages.

FRD

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

May 17, 2012

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

APPROVED G&C #127
6/20/12

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, to enter into an agreement with White Mountain Community Health Center (Vendor #174170-R001), 298 White Mountain Highway, PO Box 2800, Conway, New Hampshire 03818, in an amount not to exceed $315,568.00, to provide primary care services and breast and cervical cancer screening, to be effective July 1, 2012 or date of Governor and Executive Council approval, whichever is later, through June 30, 2014. Funds are available in the following accounts for SFY 2013, and are anticipated to be available in SFY 2014 upon the availability and continued appropriation of funds in the future operating budgets.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080000	$134,913
SFY 2014	102-500731	Contracts for Program Services	90080000	$134,913
			Sub-Total	$269,826

05-95-90-901010-5149 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY AND PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90073001	$10,000
SFY 2014	102-500731	Contracts for Program Services	90073001	$10,000
			Sub-Total	$20,000

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

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080081	$12,871
SFY 2014	102-500731	Contracts for Program Services	90080081	$12,871
			Sub-Total	$25,742
			Total	$315,568

EXPLANATION

Funds in this agreement will be used to provide breast and cervical cancer screening and office-based primary care services for low-income and uninsured families. This agreement provides funds for services as a last resort; contractor is required to make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid.

Primary health care services include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved people who face barriers to accessing health care, due to issues such as a lack of insurance, inability to pay, language barriers, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. These services help individuals overcome barriers to getting the care they need and achieving their optimal health. One area of particular success has been in ensuring that eligible families maintain consistent enrollment in Medicaid for their children. Community health centers provide support for families in filling out applications and ensuring that children have continuity of care.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. For example, in State Fiscal Year 2011:

- 88% of eligible children served were enrolled in Medicaid/Healthy Kids Gold.
- 86% of children 24-35 months, served received the appropriate schedule of immunizations.
- 82% of infants born to women served received prenatal care beginning in the first trimester of pregnancy.

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for mammography. Through this program, women found to have abnormal screening results, following their testing,

receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, a minimum of 7,330 low-income individuals from the Northern Carroll County area may not have access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late diagnosis of breast and cervical cancers.

White Mountain Community Health Center was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by three professionals, who work internal and external to the Department of Health and Human Services. All reviewers have between three to twenty years experience either in clinical settings, providing community-based family support services, and managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. In those instances where scores were less than ideal, agency specific remedial actions were recommended and completed. Some primary care agencies are being funded at levels higher than they requested. Agencies were instructed to develop budgets based on previous allocations. While some proposed budgets higher than what was available for funding, others proposed budgets lower than what was available. There was an increase in breast and cervical cancer screening funds that bidders were unaware of when they drafted budgets. Adjustments were made accordingly for those agencies that proposed budgets at levels lower than available funds. This is a contract where that situation occurred. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. These services were contracted previously with this agency in SFY 2011 and SFY 2012 in the amount of $512,174. This represents a decrease of $196,606. The decrease is due to budget reductions.

The performance measures used to measure the effectiveness of the agreement are attached.

Area served: Northern Carroll County.

Source of Funds: 25.22% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 74.78% General Funds.

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

Respectfully submitted,

José Thier Montero, MD
Director

Approved by:
Nicholas A. Toumpas
Commissioner

JTM/PMT/sc

Program Name: DPHS, Maternal and Child Health
Contract Purpose: Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	Ammonoosuc Community Health Services, Inc., 25 Mount Eustis Rd., Littleton, NH 03561	Coos County Family Health Services, Inc., 54 Willow St., Berlin, NH 03570	Concord Hospital, Inc., 250 Pleasant St., Concord, NH 03301	Families First of the Greater Seacoast, 100 Campus Drive, Portsmouth, NH 03801	Goodwin Community Health, 311 Route 108, Somersworth, NH 03878	Health First Family Care Center, 841 Central St., Franklin, NH 03235	Manchester Community Health Center, 145 Hollis St., Manchester, NH 03101	Mid-State Health Center, 101 Boulder Point Dr., Plymouth, NH 03264
Agy Capacity	30	29.00	28.00	28.00	29.00	29.00	25.00	29.00	28.00
Program Structure	50	46.00	45.00	47.00	48.00	48.00	39.00	46.00	45.00
Budget & Justification	15	14.00	15.00	15.00	15.00	12.00	13.00	15.00	12.00
Format	5	4.00	5.00	5.00	5.00	4.00	4.00	5.00	5.00
Total	100	93.00	93.00	95.00	97.00	93.00	81.00	95.00	90.00

BUDGET REQUEST								
Year 01	$339,156.25	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 02	$347,976.97	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 03	$0.00	-	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET REQUEST	$687,133.22	237,918.00	$551,408.00	$327,586.00	$584,604.00	$398,254.00	$556,404.00	$234,350.00
BUDGET AWARDED								
Year 01	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 02	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 03	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET AWARDED	$370,854.00	$243,106.00	$551,408.00	$340,554.00	$600,396.00	$400,476.00	$572,396.00	$234,350.00

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	to twenty years experience
3	Lia Baroody	Program Coordinator	NH DHHS, DPHS, BCCP	either in clinical settings,
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	providing community-based
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	family support services and or
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	managing agreements with
7	Terry Ohlson-Martin	Co-Director	Family Voices	vendors for various public
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	health programs. Areas of
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	specific expertise include
10	Anne Diefendorf	Executive Director/NP Quality & Patient Safety	Foundation for Healthy Comm	maternal & child health,
11	Lissa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	quality assurance & performance
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	improvement, chronic and
				communicable diseases and
				public health infrastructure

Program Name: DPHS, Maternal and Child Health
Contract Purpose: Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	The New London Hospital, Inc., 273 County Rd., New London, NH 03257	Weeks Medical Center, 170 Middle St., Lancaster, NH 03584	White Mountain Community Health Center, 298 White Mountain Hwy., Conway, NH 03818	Lamprey Health Care, Inc., 207 South Main St., Newmarket, NH 03857	Indian Stream Health Center, 141 Corless Lane, Colebrook, NH 03576	0	0	1
Agy Capacity	30	27.00	28.00	21.00	29.00	23.00	0.00	0.00	0.00
Program Structure	50	40.00	43.00	38.00	45.00	35.00	0.00	0.00	0.00
Budget & Justification	15	9.00	15.00	15.00	13.00	9.00	0.00	0.00	0.00
Format	5	4.00	5.00	3.00	5.00	5.00	0.00	0.00	0.00
Total	100	80.00	91.00	77.00	92.00	72.00	0.00	0.00	0.00

BUDGET REQUEST									
Year 01		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 02		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET REQUEST		$312,900.00	$158,274.00	$313,346.00	$912,662.00	$272,712.00	-	-	-
BUDGET AWARDED									
Year 01		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 02		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET AWARDED		$323,264.00	$158,274.00	$315,568.00	$922,436.00	$140,718.00	-	-	-

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three to twenty years experience either in clinical settings, providing community-based family support services and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal & child health, quality assurance & performance improvement, chronic and communicable diseases and public health infrastructure.
2	Rhonda Siegel	LP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	
3	Lia Benoody	Program Coordinator	NH DHHS, DPHS, BCCP	
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	
7	Terry Ohlson-Martin	Co-Director	Family Voices	
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm	
11	Lisa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Prenatal (PN) Performance Measure #1

Measure: Percent of infants born to women receiving prenatal care beginning in the first trimester of pregnancy.

Primary Care Prenatal (PN) Performance Measure #2

Measure: Percent of pregnant women identified as cigarette smokers that are referred to QuitWorks-New Hampshire.

Primary Care Prenatal (PN) Performance Measure #3

Measure: Percent of pregnant women who were screened, using a formal valid screening tool, for alcohol and other drug use during every trimester the patient was enrolled.

Primary Care Child Health Direct (CH – D) Performance Measure #1

Measure: Percent of eligible children enrolled in Medicaid

Primary Care Child Health Direct (CH – D) Performance Measure #2

Measure: Percent of at-risk children who were screened for blood lead between 18 and 30 months of age

Primary Care Child Health Direct (CH – D) Performance Measure #3

Measure: Percent of children age two to nineteen years receiving primary care preventive health services with a Body Mass Index (BMI) percentile greater than or equal to the 85th percentile with documented discussion of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks.

Primary Care Child Health Direct (CH – D) Performance Measure #4

Measure: Percent of eligible infants and children with client record documentation of enrollment in Women Infant Children Program.

Primary Care Child Health Direct (CH – D) Performance Measure #5

Measure: Percent of infants who were exclusively breastfed for the first three months, at their four month well baby visit.

Primary Care Financial (PC) Performance Measure #1

Measure: Patient Payor Mix

Primary Care Financial (PC) Performance Measure #2

Measure: Accounts Receivables (AR) Days

Primary Care Financial (PC) Performance Measure #3

Measure: Current Ratio

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Clinical Adolescent (PC-C) Performance Measure #1

Measure: Percent of adolescents aged 10-21 years who received annual health maintenance visits in the past 12 months.

Primary Care Clinical Prenatal (PC-C) Performance Measure #2

Measure: Percent of women and adolescent girls aged 15-44 who take a multi-vitamin with folic acid.

Subject: Primary Care Services

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name White Mountain Community Health Center		1.4 Contractor Address 298 White Mountain Highway PO Box 2800 Conway, New Hampshire 03818	
1.5 Contractor Phone Number 603-447-8900	1.6 Account Number 010-090-5190-102-500731 010-090-5149-102-500731 010-090-5659-102-500731	1.7 Completion Date June 30, 2014	1.8 Price Limitation $315,568
1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief		1.10 State Agency Telephone Number 603-271-4501	
1.11 Contractor Signature Patricia McMurry		1.12 Name and Title of Contractor Signatory Patricia McMurry, Executive Director	

1.13 Acknowledgement: State of NH, County of Carroll

On 4/4/13, before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

1.13.1 Signature of Notary Public or Justice of the Peace

Diane Brothers

[Seal]

DIANE BROTHERS
Notary Public - New Hampshire
My Commission Expires August 19, 2014

1.13.2 Name and Title of Notary or Justice of the Peace

Diane Brothers Notary Public

1.14 State Agency Signature	1.15 Name and Title of State Agency Signatory Joan H. Ascheim, 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: Jeanne P. Herrick, Attorney	On: 4 June 2012
1.18 Approval by the Governor and Executive Council By:	On:

NH Department of Health and Human Services

Exhibit A

Scope of Services

Primary Care Services

CONTRACT PERIOD: July 1, 2012 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: White Mountain Community Health Center

ADDRESS: 298 White Mountain Highway, PO Box 2800
Conway, New Hampshire 03818
Executive Director: Patricia McMurry
TELEPHONE: 603-447-8900

The Contractor shall:

I. General Provisions

A) Eligibility and Income Determination

1. Office-based primary care services will be provided to low-income individuals and families (defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), in the State of New Hampshire.

2. Breast and Cervical Cancer screening services will be provided to low-income (defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), New Hampshire women age 18 – 64, *uninsured or underinsured*.

3. The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing if, at any time, the practice is closed to new patients, or maintains a wait list for new patients, or any other mechanism is used that limits access for new patients for more than a one month period.

4. The Contractor shall document annually, for each client enrolled in the program, family income and family size, and calculate percentage of the federal poverty level. If calculations indicate that the client may be eligible for enrollment in Medicaid, the Contractor shall complete with the client the most recent version of the 800P form.

5. The Contractor shall implement, and post in a public and conspicuous location, a sliding fee payment schedule, approved in advance by the Division of Public Health Services (DPHS), for low-income patients. Signage must state that no client will be denied services for inability to pay.

   a. As an alternative, the contractor may post, in a public and conspicuous location, a notice to clients that a sliding fee scale is available and that no client will be denied services for inability to pay. The sliding fee scale must be updated annually based on USDHHS Poverty guidelines as published in the Federal Register, submitted to and approved by DPHS *prior to implementation.*

6. The primary care contract entered into here shall be the payer of last resort. The contractor shall make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered.

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B) Numbers Served

1. The contract funds shall be expended to provide the above services to a minimum of 3665 users annually with 6785 medical encounters, as defined in the Data and Reporting Requirements. Breast and Cervical Cancer Screening for eligible women, as defined by the Breast and Cervical Cancer Program (BCCP), shall be provided to 15 women annually and billed directly to the BCCP. Clinical service reimbursements shall not exceed the Medicare rate.

C) **Culturally and Linguistically Appropriate Standards of Care**

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

1. Assess the ethnic/cultural needs, resources and assets of their community.

2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.

3. *Provide* clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provided to them without language assistance.

4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.

5. The contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency Citation 45 CFR 80.3(b) (2). The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client, language line).

D) **State and Federal Laws**

The Contractor is responsible for compliance with all relevant state and federal laws. Special attention is called to the following statutory responsibilities:

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 301, adopted 6/3/08.

2. Persons employed by the contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults, RSA 631:6, Assault and Related Offences and RSA 130:A, Lead Paint Poisoning and Control.

3. Immunizations shall be conducted in accordance with RSA 141-C and the Immunization Rules promulgated hereunder.

E) **Relevant Policies and Guidelines**

1. The Contractor shall design and provide the services described above to meet the unique and identified health needs of the populations within the contracted service area.

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2. Primary Care funds shall be targeted to populations in need. Populations in need are defined as follows:

   a) uninsured,

   b) under-insured;

   c) families and individuals with significant psychosocial and economic risk, including low income status;

   d) all life cycles including perinatal, child, adolescent, adult, and elderly who meet one or more of the above criteria.

3. The Contractor shall design and implement systems of governance, administration, financial management, information management, and clinical services which are adequate to assure the provision of contracted services, and to meet the data and reporting requirements. These systems shall meet the most current minimum standards described in at least one of the following: Health Resources and Services Administration (HRSA) Office of Performance Review protocols, Joint Commission on Accreditation of Health Care Organizations (JCAHO), Accreditation Association for Ambulatory Healthcare (AAAHC), Community Health Accreditation Program (CHAP), or the Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey.

4. *The Contractor shall have an agency emergency preparedness and response plan in accordance with HRSA Health Center Emergency Management Program Expectations, Document #2007-15 or most recent version. Such plan shall also include a Continuity of Operations plan.*

5. The Contractor shall carry out the work as described in the performance Workplan submitted with the proposal and approved by the Rural Health and Primary Care Section (RHPCS), and the Maternal and Child Health Section (MCHS).

6. No Workplan is required by the Breast and Cervical Cancer Program (BCCP). The contractor shall be required to respond to the Quality Improvement Feedback Report twice a year.

7. The Contractor shall carry out the work as described in the Supplemental Funding Form submitted with the proposal and approved by the Rural Health and Primary Care Section (RHPCS), and the Maternal and Child Health Section (MCHS).

F) **Publications Funded Under Contract**

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.

2. All documents (written, video, audio, *electronic*) produced, reproduced, or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.

3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C (14).

G) **Subcontractors**

1. If any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the Division of Public Health Services (DPHS), Maternal and Child Health Section must be notified in writing *and approve the subcontractual agreement*, prior to initiation of the subcontract.

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2. In addition, the original DPHS contractor will remain liable for all requirements included in this Exhibit and carried out by subcontractors.

II. Minimal Standards of Core Services

A) Service Requirements

1. *Medical Home*

The Contractor shall provide a Medical Home that:

a) *Facilitates partnerships between individual patients and their personal physicians, and when appropriate, the patient's family.*

b) ***Provides care facilitated by registries, information technology, health information exchange, and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.***

2. Primary Care Services

The Contractor shall provide office-based primary care services to populations in need who reside in the contractor's service area. Primary care services shall include:

a) Health care provided by a New Hampshire licensed MD, DO, APRN, or PA, including diagnosis and treatment of acute and chronic illnesses within the scope of family practice; preventive services, screenings, and health education according to established, documented state or national guidelines; assessment of need for social and nutrition services, and appropriate referrals to health, *oral health*, and behavioral health specialty providers.

b) ***Referral to the WIC Nutrition Program for all eligible pregnant women, infants and children.***

c) In-hospital care for conditions within the scope of family practice must be provided at a hospital, within the agency service area, through a staff clinician with full hospital privileges, or in the alternative, through a formal referral and admissions procedure available to clients on a 24 hour/7 day a week basis.

d) Access to a healthcare provider, directly or by referral or subcontract, by telephone twenty-four hours per day, seven days per week.

e) Assessment of psychosocial risk for all clients at least annually and for children at scheduled preventive care visits, including, at a minimum, age appropriate assessment of safety in the home, domestic violence, adequacy of food and housing, care and welfare of children, transportation needs, and provision of necessary social services to address the priority needs and safety issues of clients and families.

f) Falls prevention screening for patients 65 years and older using the algorithm and guidelines of the American Geriatrics Society.

g) Behavioral health care directly or by referral to an agency or provider with a sliding fee scale.

h) *Nutrition assessment for all clients as part of the health maintenance visit.* Therapeutic nutrition services shall be provided *as indicated* directly or by referral to an agency or provider with a sliding fee scale. These services shall be recorded in the medical record.

i) Formal arrangements with a local hospital for emergency care must be in place and reviewed annually.

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j) Home health care directly or by referral to an agency or provider with a sliding fee scale.

k) Assisted living and skilled nursing facility care by referral.

l) *Oral screening annually for all clients 19 years and older to note obvious dental decay and soft tissue abnormalities with a reminder to the patient that poor oral health impacts total health.*

m) *Diagnosis and management of pediatric and adult patients with asthma provided according to National Heart Lung Blood Institute, National Asthma Education and Prevention Program, Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma, 2007.*

2. Breast and Cervical Cancer Screening

a) Women age 18 to 64 who are eligible for Breast and Cervical Cancer Program (BCCP) services according to income (equal to or under 250% of poverty, underinsured/uninsured) *and insurance status* criteria shall be provided the following services:

i. cervical cancer screening including a pelvic examination and Pap smear;
ii. annual breast cancer screening including a clinical breast exam, mammogram and,
iii. referrals for diagnostic and treatment services based on screening results,
iv. case management services.

b) All referrals under this provision shall be to approved certified laboratory, pathology, radiology, and surgical services. Mammography units shall be accredited by the American College of Radiology, and must be FDA certified under MQSA. Laboratories shall be CLIA certified.

c) All services shall be provided in accordance with the Breast and Cervical Cancer Program (BCCP) Policy and Procedure Manual.

d) Follow-up and tracking of all tests done, and referrals made shall be provided in accordance with the minimum standards outlined in the Breast and Cervical Cancer Program Policy and Procedure Manual.

e) All services for women enrolled in the Breast and Cervical Cancer Program (BCCP) shall be billed directly to the BCCP in accordance with protocols established by the Breast and Cervical Cancer Program.

3. Reproductive Health Services

The Contractor shall provide prenatal, interconceptional and preconception medical care, social services, nutrition services, education, and nursing care to all women of childbearing age. Preconceptional care includes the preconception, interconceptional, and postpartum periods in women's health. It is recommended that preconceptional and interconceptional care visits focus on maintaining or achieving the optimal health of the mother, lowering the risk of future adverse pregnancy outcomes, the family's future plans, and how additional children fit into that plan. Preconceptional counseling may be done during an office, group or home visit.

a) In the event prenatal care is not provided directly by the Contractor a formal Memorandum/a of Agreement for coordinated referral to an appropriately qualified provider must be maintained.

b) Prenatal care shall, at minimum, be provided in accordance with the Guidelines for Perinatal Care, sixth or most current edition, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and/or the Centers for Disease Control.

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c) Age appropriate reproductive health care shall, at a minimum, be provided in accordance with the American College of Obstetricians and Gynecologists, or the USDHHS Centers for Disease Control (CDC) current guidelines.

d) *Pregnant women enrolled in the WIC Nutrition Program shall be referred to WIC for breastfeeding education and referral to the WIC Nutrition Program peer counselors.*

e. Family planning counseling for prevention of subsequent pregnancy following an infant's birth shall be discussed with the infant's mother *at the first postpartum visit and at the infant's 2-month visit and other visits as appropriate.* Rationale for birth intervals of 18-24 months shall be presented.

f) A referral to a Title X Family Planning Clinic or other reproductive health care provider shall be made as appropriate.

4. Services for Children and Adolescents

The Contractor shall provide as a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' most recent periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent. Children and adolescent visits shall include:

a) Blood lead testing shall be performed in accordance with "New Hampshire Childhood Lead Poisoning Screening and Management Guidelines", issued by the New Hampshire Department of Health and Human Services, 2009 or subsequent revisions.

b) All children enrolled in either Healthy Kids-Gold or the Women, Infant, and Children (WIC) Program and/or who are ≤ 185% poverty, regardless of town of residence, are required to have a blood lead test at ages one and two years. All children ages three to six years who have not been previously tested shall have a capillary or venous blood lead test performed.

c) All children shall be screened for iron deficiency anemia as outlined in the Centers for Disease Control and Prevention document "Recommendations to Prevent and Control Iron Deficiency in the United States (4/2/98)".

d) Age-appropriate anticipatory guidance, dietary guidance, and *feeding practice counseling* for optimal oral health shall be provided at each well child visit according to the American Academy of Pediatrics' periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent edition. Starting at age 6 months, it is recommended that all children receive an oral health assessment at every well child visit.

e) Supplemental fluoride shall be prescribed as needed based upon the fluoride levels in the child's *drinking* water supply. The fluoride dosage regimen accepted by the American Academy of Pediatrics shall be followed. No fluoride shall be prescribed without obtaining water from private wells or noting the presence or absence of fluoride in the public water supply. *Supplemental fluoride may include bottled water containing fluoride and topical applications such as varnishes.*

f) *For infants enrolled in the WIC Nutrition Program, parents shall be referred to WIC for breastfeeding support and referral to the WIC Nutrition Program peer counselors.*

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5. Sexually Transmitted Infections

Primary Care Services shall provide age appropriate screening and treatment of sexually transmitted infections.

a) Treatment for sexually transmitted infections shall be provided according to the United States Centers for Disease Control Sexually Transmitted Diseases Treatment Guidelines, 2010 or subsequent revisions.

b) All clients, including women, shall be offered HIV testing following the most current recommendations of the United States Centers for Disease Control.

c) The contractor shall be responsible for ensuring referral to appropriate treatment services for any woman found to screen positive.

d) Appropriate risk reduction counseling shall be provided based on client needs.

6. Substance Use Services

a) A substance use screening history using a formal, validated screening tool shall be obtained for all clients as soon after entry into care as possible. Substance use counseling *or other substance abuse intervention, treatment, or recovery services* by an appropriately credentialed provider shall be provided on-site, or by referral, to clients with identified needs for these services. ***For these identified clients, ongoing primary care services should include follow up monitoring relative to substance abuse.***

b) All clients, including pregnant women, identified as smokers shall receive counseling ***using the 5A's (ask, advise, assess, assist, and arrange) treatment available through the NH Tobacco Helpline*** as cited in the US Public Health Services report "Tobacco Use and Dependence", 2008, or "Smoking Cessation During Pregnancy: *A Clinician's Guide to Helping Pregnant Women Quit Smoking*", American College of Obstetricians and Gynecologists, 2011. ***With prior approval, agencies may also opt to participate in the DPHS best practice initiative of the 2A's and R (ask, advise and refer).***

7. Immunizations

a) The Contractor shall adhere to the most current version of the "Recommended Adult Immunization Schedule United States", approved by the Advisory Committee on Immunization Practices, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians.

b) The Contractor shall administer vaccines according to the most current version of the ***"Recommended Immunization Schedule for Persons Aged 0 Through 6 Years - United States", and "Recommended Immunization Schedule for Persons Aged 7 Through 18 Years – United States"*** approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians, based upon availability of vaccine from the New Hampshire Immunization Program.

8. Prenatal Genetic Screening

a) A genetic screening history shall be obtained on all prenatal clients as soon after entry into care as possible.

b) All pregnant women should be offered voluntary genetic screening for fetal chromosomal abnormalities at the appropriate time following recommendations found in the American College of Obstetricians and Gynecologists' 'Screening for Fetal Chromosomal

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Abnormalities (2007)" or more recent guidelines. The Contractor shall be responsible for ensuring referral to appropriate genetic testing and counseling for any woman found to have a positive screening test.

9. Additional Requirements

a) The Contractor's Medical Director shall participate in the development and approval of specific guidelines for medical care that supplement minimal clinical standards. Supplemental guidelines should be reviewed, signed, and dated annually, and updated as indicated.

b) Contractors considering clinical or sociological research using clients as subjects must adhere to the legal requirements governing human subjects research. Contractors must inform the DPHS, MCHS prior to initiating any research related to this contract.

c) *The Contractor shall provide information to all employees annually about the Medical Reserve Corps Unit within their Public Health Region to enhance recruitment.*

d) *The Contractor shall provide information to all employees annually regarding the Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) managed by the NH Department of Health and Human Services' Emergency Services Unit, to enhance recruitment.*

B) Staffing Provisions

The Contractor shall have, at minimum, the following staff positions:

a) executive director

b) fiscal director

c) registered nurse

d) clinical coordinator

e) medical service director

f) nutritionist *(on site or by referral)*

g) social worker

Staff positions required to provide direct services on-site include:

a) registered nurse

b) clinical coordinator

c) social worker

1. Qualifications

All health and allied health professionals shall have the appropriate New Hampshire licenses whether directly employed, contracted, or subcontracted.

In addition the following minimum qualifications shall be met for:

a) Registered Nurse

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a. A registered nurse licensed in the state of New Hampshire. Bachelor's degree preferred. Minimum of one-year experience in a community health setting.

b) Nutritionists:

a. A Bachelor's degree in nutritional sciences or dietetics, or a Master's degree in nutritional sciences, nutrition education, or public health nutrition or current Registered Dietitian status in accordance with the Commission on dietetic Registration of the American Dietetic Association.

b. Individuals who perform functions similar to a nutritionist but do not meet the above qualifications shall not use the title of nutritionist.

c) Social Workers shall have:

a. A Bachelor's or Master's degree in social work or Bachelor's or Master's degree in a related social science or human behavior field. A minimum of one year of experience in a community health or social services setting is preferred.

b. Individuals who perform functions similar to a social worker but do not meet the above qualifications shall not use the title of social worker.

d) Clinical Coordinators shall be:

a. A registered nurse (RN), physician, physician assistant, or nurse practitioner with a license to practice in New Hampshire.

b. The coordinator is a clinical position that oversees and takes responsibility for the clinical and administrative functions of each program.

c. The coordinator may be responsible for more than one MCH funded program.

2. New Hires

The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing within one month of hire when a new administrator, clinical coordinator, or any staff person essential to carrying out contracted services is hired to work in the program. A resume of the employee shall accompany the aforesaid notification.

3. Vacancies

a) The Contractor must notify the MCHS in writing if any critical position is vacant for more than one month, or if at any time funded under this contract does not have adequate staffing to perform all required services for more than one month. This may be done through a budget revision.

b) Before an agency hires new program personnel that do not meet the required staff qualifications, the agency shall notify the MCHS in writing requesting a waiver of the applicable staffing requirements. The Section may grant waivers based on the need of the program, individuals' experience, and additional training.

C) Coordination of Services

1. The Contractor shall coordinate, where possible, with other service providers within the contractor's community. At a minimum, such collaboration shall include interagency referrals and coordination of care.

2. The Contractor shall participate in activities *in the Public Health Region in which they provide* services as appropriate. These activities enhance the integration of community-based public health

Contractor Initials RM-

Date 4-4-12

prevention and health care initiatives that are being implemented by the contractor and may include community needs assessments, public health performance assessments, and/or the development of regional health improvement plans.

3. The Contractor agrees to *participate* in and coordinate public health activities as requested by the Division of Public Health Services during any *disease outbreak* and/or *emergency*, natural or man made, affecting the public's health.

4. The Contractor is responsible for case management of the client enrolled in the program and for program follow-up activities. Case management services shall promote effective and efficient organization and utilization of resources to assure access to necessary comprehensive medical, nutritional, and social services for clients.

5. The Contractor shall assure that *appropriate, responsive, and timely* referrals and linkages for other needed services are made, carried through, and documented. Such services shall include, but not be limited to: dental services, genetic counseling, high risk prenatal services, mental health, social services, including domestic violence crisis centers, substance abuse services; and family planning services, Early Supports and Services Program, local WIC/CSF Program, Home Visiting New Hampshire Programs and health and social service agencies which serve children and families in need of those services.

D) Meetings and Trainings

The contractor will be responsible for sending staff to meetings and training required by the MCHS program, including but not limited to:

1. MCHS Agency Directors' meetings

2. Prenatal and Child Health Coordinators' meetings

3. MCHS Agency Medical Services Directors' meetings

III. Quality or Performance Improvement (QI/PI)

A) Workplans

1. Performance Workplans are required for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the RHPCS and the MCHS performance-based contracting system and of this contract. Outcomes shall be reported by clinical site.

2. Submit Performance Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.

3. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail the Performance Workplan plans and activities that monitor and evaluate the agency's progress toward performance measure targets.

4. The Contractor shall comply with modifications and/or additions to the workplan and annual report format as requested by RHPCS and MCHS. MCHS will provide the contractor with reasonable notice of such changes.

5. Agencies contracting for Primary Care Services must submit the workplans for Primary Care *Clinical and Financial*, Child Health, and Prenatal Care.

Contractor Initials: [signature]

Date 4-4-12

B) Additional Reporting requirements

In addition to Performance Workplans, the Contractor shall submit to MCHS the following data and information listed below which are used to monitor program performance:

1. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff list forms must be completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.

2. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

3. Completed Uniform Data Set (UDS) tables reflecting program performance in the previous calendar year, by March 31 of each year.

4. The Perinatal Client Data Form (PCDF) shall be submitted electronically according to the instructions set forth by the MCHS.

5. A copy of the agency's updated Sliding Fee Scale including the amount(s) of any client fees and the schedule of discounts must be submitted by March 31st of each year. The agency's sliding fee scale must be updated annually based on the US DHHS Poverty guidelines as published in the Federal Register.

6. An annual summary of program-specific patient satisfaction results obtained during the prior contract period and the method by which the results were obtained shall be submitted annually as an addendum to the Workplan Outcome/Progress reports.

C) **On-site reviews**

1. The contractor shall allow a team or person authorized by the Division of Public Health Services to periodically review the contractor's systems of governance, administration, data collection and submission, clinical and financial management, and delivery of education services in order to assure systems are adequate to provide the contracted services.
2. Reviews shall include client record reviews to measure compliance with this exhibit.
3. The contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this exhibit.
4. On-Site reviews may be waived or abbreviated at the discretion of MCHS, upon submission of satisfactory reports of reviews such as Health Services Resources Administration (HRSA): Office of Performance Review (OPR), or reviews from nationally accreditation organizations such as the Joint Commission for the Accreditation of Health Care Organizations (JCAHO), Medicare, the Community Health Accreditation Program (CHAP), Accreditation Association for Ambulatory Healthcare (AAAHC), or the Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey. Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.

Contractor Initials: [signature]
Date: 4-4-12

NH Department of Health and Human Services

Exhibit B

Purchase of Services
Contract Price

Primary Care Services

CONTRACT PERIOD: July 1, 2012 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: **White Mountain Community Health Center**

ADDRESS: **298 White Mountain Highway, PO Box 2800**
Conway, New Hampshire 03818
Executive Director: **Patricia McMurry**
TELEPHONE: **603-447-8900**

Vendor #174170-R001	Job #90080000	Appropriation #010-090-51900000-102-500731
	#90073001	#010-090-51490000-102-500731
	#90080081	#010-090-56590000-102-500731

1. The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during the period of the contract shall not exceed:

   $269,826 for Primary Care Services, funded from 19.95% federal funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (CFDA #93.994) and 80.05% general funds.

   $20,000 for Primary Care Services, funded from 100% general funds.

   $25,742 for Breast and Cervical Cancer Screening, funded from 100% federal funds from the Center for Disease Control (CFDA #93.283).

TOTAL: $315,568

2. The Contractor agrees to use and apply all contract funds from the State for direct and indirect costs and expenses including, but not limited to, personnel costs and operating expenses related to the Services, as detailed in the attached budgets. Allowable costs and expenses shall be determined by the State in accordance with applicable state and federal laws and regulations. The Contractor agrees not to use or apply such funds for capital additions or improvements, entertainment costs, or any other costs not approved by the State.

3. This is a cost-reimbursement contract based on an approved budget for the contract period. Reimbursement shall be made monthly based on actual costs incurred during the month up to an amount not greater than one-twelfth of the contract amount. Reimbursement greater than one-twelfth of the contract amount in any month shall require prior, written permission from the State.

4. Invoices shall be submitted by the Contractor to the State in a form satisfactory to the State for each of the Service category budgets. Said invoices shall be submitted within twenty (20) working days following the end of the month during which the contract activities were completed, and the final invoice shall be due to the State no later than sixty (60) days after the contract Completion Date. Said invoice shall contain a description of all allowable costs and expenses incurred by the Contractor during the contract period.

Contractor Initials: PMc
Date: 4-4-12

5. Payment will be made by the State agency subsequent to approval of the submitted invoice and if sufficient funds are available in the Service category budget line items submitted by the Contractor to cover the costs and expenses incurred in the performances of the services.

6. The Contractor may amend the contract budget for any Service category through line item increases, decreases, or the creation of new line items provided these amendments do not exceed the contract price for that particular Service category. Such amendments shall only be made upon written request to and written approval by the State. Budget revisions will not be accepted after June 20th of each contract year.

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

The remainder of this page is intentionally left blank.

Contractor Initials: [signature]

Date: 4-4-12

NH Department of Health and Human Services

Exhibit C

SPECIAL PROVISIONS

1. **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:

2. **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.

3. **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.

4. **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.

5. **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.

6. **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.

7. **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.

8. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractor's costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party fundors 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 fundors, the Department may elect to:

    8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

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8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 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:

9. **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:

9.1 **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.

9.2 **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 recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

9.3 **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. **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.

10.1 **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.

10.2 **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.

11. **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 directed 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.

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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.

12. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department

12.1 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.

12.2 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.

13. **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.

14. **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:

14.1 The preparation of this (report, document, etc.), was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, Division of Public Health Services, with funds provided in part or in whole 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.

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 government 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.

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16. **Insurance:** Select either (1) or (2) below:

As referenced in the Request for Proposal, Comprehensive General Liability Insurance Acknowledgement Form, the Insurance requirement checked under this section is applicable to this contract:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed $500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed $500,000, is comprehensive general liability insurance in amounts of not less than $1,000,000 per claim or occurrence and $2,000,000 in the aggregate. *These amounts may NOT be modified.*

X (1) The contractor certifies that it **IS** a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does **not** exceed $500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: 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, both for the benefits of the State, the following insurance: 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 incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

☐ (2) The contractor certifies it does **NOT** qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

17. **Renewal:**

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

18. **Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:**

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

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19. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;

10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.

10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

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SPECIAL PROVISIONS – 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 the 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: Whenever 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 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.

Contractor Initials: [signature]

Date: 4-4-12