

Office of the Attorney General
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Concord, NH 03301-6397
Tel. 603-271-3658

HOSPITAL ANNUAL REPORTING FORM
Pursuant to RSA 151:31

FOR PERIOD ENDING: December 31, _____

Organization Name

Federal Tax Identification Number

Street Address

City

State

Zip Code

Definitions

- A. “Affiliate” means a person who directly or indirectly owns or controls, is owned or controlled by, or is under common ownership or control with, another person. Solely for purposes of this definition, the terms “owns,” “is owned” and “ownership” mean ownership of an equity interest, or the equivalent thereof, of 10 percent or more, and the term “person” means an individual, partnership, committee, association, corporation, or any other organization or group of persons.
- B. “Hospital” means any institution that provides any of the following services to patients under supervision of physicians: diagnostic and therapeutic services for medical diagnosis; treatment and care of injured, disabled or sick persons; rehabilitation services for such persons; or psychiatric and substance abuse treatment.
- C. “Provider” means any “health care facility” licensed under RSA 151, as well as a direct provider of health care to individuals, including but not limited to physicians, dentists, podiatrists, chiropractors, optometrists, physical therapists, nurse practitioners and midwives. Registered nurses or licensed practical nurses or physician’s assistants engaged in delivery of health care and health care support in a hospital setting are not considered “providers” for the purposes of this report.

- D. “Physician Hospital Organization (“PHO”)” means any organization or association involving a hospital and one or more providers as defined above, which is formed for the purpose of, or has authority to, negotiate with third parties for contracts for provision of health care services.
- E. “Third Parties” means third party payors for health care services. This includes insurers, and health maintenance organizations; and individuals, entities or organizations for coverage of employees or other persons under direct payment or self-insurance programs.
- F. “Parent,” and “Subsidiary” are terms to be defined broadly so as to include, rather than exclude. These terms refer to any organization, including corporations, partnerships, associations, and not-for-profit entities, which is affiliated by contract, ownership, membership or equity interest with a PHO or its participants with respect to the delivery of healthcare services. This includes holding companies or service organizations affiliated with a hospital or other health care provider, and any organization participating with the PHO or its participants on a risk sharing or capitated reimbursement basis. Not included are organizations whose sole relation to a PHO or its participants is as a provider of services by contract or otherwise on a fee for service basis.

Information to be Submitted

1. Please describe the corporate or other organizational structure of the hospital and any healthcare delivery system in which it participates, including the identity of all affiliates, parents, or subsidiaries of the hospital. Please include an organizational chart showing the corporate or other structure of the hospital and any affiliates.

2. For each entity identified as an affiliate, parent, or subsidiary in response to question 1, provide a description of the healthcare or other services provided by that entity, as well as a list of the providers employed by the entity, and contracting with or through a Physician Hospital Organization (“PHO”).

3. State whether the hospital, or any parent, affiliate or subsidiary of the Hospital was or is a participant in any PHO in the calendar year. If so, please include the name and address of each such PHO.

4. Please provide copies of all organizational documents for each PHO identified in response to Question 3.

5. Please provide copies of any documents or agreements that establish terms of participation within each PHO identified in response to Question 3.

6. Please provide copies of any documents or agreements that establish the terms of governance for each PHO identified in response to Question 3.

7. Please provide copies of any documents or agreements that establish the procedure by which each PHO identified in response to Question 3 may negotiate with third parties for provision of services.

8. For each PHO identified in response to Question 3, please provide copies of any documents, agreements or protocols:
 - a. Governing the sharing of, or dissemination to or within the PHO financial information belonging or pertaining to providers or organizations; and

- b. Establishing the terms and amounts of compensation, remuneration or distribution of proceeds to participants in the PHO under contracts between the PHO and third parties.
9. With respect to each organization identified in response to Question 3, please provide:
 - a. A listing of all providers included in, or associated with the PHO, by name, business address and clinical specialty;
 - b. A listing of all officers, directors or persons charged with management or executive responsibility within the PHO;
 - c. A listing of all contracts currently in effect between the PHO and any third party.
Provide a current copy of each contract.
10. For each organization identified as a provider in response to Question 9.a, describe the corporate or other organizational structure of the organization and any healthcare delivery system in which it participates, including the identity of all parents, affiliates or subsidiaries of the hospital.
11. For each organization identified as a parent, affiliate or subsidiary in response to Question 10, provide a description of the healthcare or other services provided by the organization.
12. With respect to each organization identified in response to Question 3, please describe the role, if any, of hospital trustees, or trustees of any parent, subsidiary, or affiliate:
 - a. Regarding decisions by the hospital to participate in the PHO;
 - b. Regarding decisions by the hospital to hire or employ physicians within the hospital or any parent, affiliate or subsidiary thereof.
13. For each PHO identified in response to Question 3:
 - a. List all communities in which participants in the PHO are located or engaged in the practice or delivery of health care services.
 - b. Describe any and all protocols, procedures, conditions or limitations on referral of patients by participants in the PHO, and provide copies of any documents that establish such protocols, procedures, referrals or limitations.
 - c. Describe any and all protocols, procedures, conditions or limitations on referral of patients by providers employed by the hospital or any of its parents, subsidiaries or affiliates, and provide copies of any documents that establish such protocols, procedures, referrals or limitations.

14. Provide a copy of the policy adopted by the hospital, and any affiliates, requiring physicians employed by such hospital to notify their patients when they are referring a patient for professional services to be provided by a physician employed by the same hospital or affiliate. NOTE: the policy shall expressly state that no physician employed by the hospital or any affiliate is required or in any way obligated to refer patients to physicians also employed or under contract with the hospital or any affiliate.
15. Please provide a statement describing the number of contract negotiations engaged in by each PHO identified in response to Question 3 with third parties. For each instance of negotiation referred to, state whether the negotiation resulted in execution of any contract or agreement and identify the contract or agreement.
16. Please provide a financial statement of each PHO identified in response to Question 3 for the applicable fiscal or calendar year.
17. Please provide the number of providers in each clinical function or specialty employed by the hospital or affiliate.
18. Please provide the number of providers in each clinical function or specialty that are members of the hospital's active medical staff.
19. Please provide the number of physician practices that are owned by the hospital or its affiliates, or that contract with the hospital or any affiliates for the provision of medical services.

Certification and Assertion of Confidentiality

Identify the person authorized to, and responsible for certification of the accuracy of the information provided in this Annual Report by name and job title.

I, _____, hereby certify that the statements made in this Annual report are true, correct and complete and that all documents submitted in connection with this Annual Report are true, accurate and complete copies of originals held in the ordinary course of business by _____.
[hospital name]

Confidentiality Statement

On behalf of _____,

[hospital name]

I hereby assert that all information and/or all documents which are specifically, labeled, marked or otherwise designated as confidential constitute proprietary and/or confidential financial information pursuant to RSA 151:31, IV and RSA 91-A:5, IV.

I acknowledge that, notwithstanding said designation, the attorney general may disclose this Annual Report and all information and documents contained in this Annual Report to the Commissioner of Insurance, the Commissioner of Health and Human Services and any state or federal law enforcement agency. RSA 151:31, III. I further acknowledge that information included in this Annual Report may be summarized or included in summaries or other non-specific formats in public reports or statements by the attorney general or other state agencies which are authorized recipients of this Annual Report.

Date: _____

Signature