

## Continuous Service Readiness Package Selection Exhibit C

Based on the CSR Program subscription package selected, you will receive the services listed in the table below.

**The following services are provided with any option selected.**

- Dedicated CSR consultant(s) with onsite visits;
- Telephone & email support from CSR consultant;
- Document review by CSR consultant(s);
- Three (3) education programs (4 days per contract year);
- Three (3) 90-minute JCR audio conferences of the organization's choice;
- Ability to purchase additional CSR consulting hours;
- A 10 percent discount on JCR consulting outside of the CSR program;
- A 15 percent discount on publications, education programs, and e-products;
- Opportunity to participate in the CSR Users Advisory Group;
- Access to the CSR national website, national CSR newsletter (Compass), and accreditation program specific email blasts;
- Access to HAP's CSR list-serve; and
- A hospital CSR orientation phone call for new subscribers.

**Contract Options and Pricing:**

- Options 1,3, and 4 are current contract options and reflect a 4 percent increase per year for JCR services.
- Options 2 and 5 are new options for 2008 and offer the opportunity to select additional hours and visits over previous contract options.
- System discount pricing for multiple hospitals in a system that enroll and participate in the CSR program. The discounts apply to any option selected by multiple hospitals in a system.
  - 2-6 hospitals in system enrolled in CSR – 2 percent discount
  - 7-9 hospitals in system enrolled in CSR – 4 percent discount
  - 10 or more hospitals enrolled in CSR – 5 percent discount
- Small hospitals are not restricted to selecting subscription option 3. Small hospitals may elect to purchase option 1 or 2. Or they may be eligible for options 4 or 5 if part of a larger multi-hospital system.
- Participation in the CSR program is open to accredited and unaccredited Pennsylvania hospitals.
- Organizations that are not HAP members will be assessed a higher monthly fee than what is assessed to participating HAP member organizations.

HAP Fees	Contract Year 1	Contract Year 2	Contract Year 3
HAP Members (m)	\$60/month	\$63/month	\$65/month
Non-Members (nm)	\$80/month	\$83/month	\$85/month

	<b>Contract Year January 1-December 31, 2008 Monthly Fee</b>	<b>Contract Year January 1- December 31, 2009 Monthly Fee</b>	<b>Contract Year January 1- December 31, 2010 Monthly Fee</b>
<b>Individual Hospital Options:</b>			
<b>Option 1:</b> Three 5-hour visits	\$584 + \$60(m) or \$80(nm) Total Fee: \$644 (m) or \$664 (nm)	\$607 + \$63(m) or \$83(nm) Total Fee: \$670 (m) or \$690 (nm)	\$631 + \$65(m) or \$85(nm) Total Fee: \$696 (m) or \$716 (nm)
<b>Option 2:</b> Four 6-hour visits	\$669 + \$60(m) or \$80(nm) Total Fee: \$729(m) or \$749(nm)	\$696 + \$63(m) or \$83(nm) Total Fee: \$759(m) \$779(nm)	\$724 + \$65(m) or \$85(nm) Total Fee: \$789(m) \$809(nm)
<b>Small Hospital Option: (Hospital with Average Daily Census &lt; or = 40)</b>			
<b>Option 3:</b> Two-4 hour visits	\$321 + \$60 (m) or \$80(nm) Total Fee: \$381(m) or \$401(nm)	\$ 334+ \$63 (m) or \$83(nm) Total Fee : \$397(m) or \$417(nm)	\$347 + \$65(m) or \$85(nm) Total Fee: \$412(m) or \$432(nm)
<b>Multi-Hospital System Options: (3 hospitals in one system each join – hours can be pooled )</b>			
<b>Option 4:</b> Two-6 hour visits	\$573 + \$60(m) or \$80(nm) Total Fee: \$633(m) \$653(nm)	\$595 + \$63(m) or \$83(nm) Total Fee: \$658(m) \$678(nm)	\$619 + \$65(m) or \$85(nm) Total Fee: \$684(m) \$704(nm)
<b>Option 5:</b> Four-6 hour visits	\$669 + \$60(m) or \$80(nm) Total Fee: \$729(m) \$749(nm)	\$696 + \$63(m) or \$83(nm) Total Fee: \$759(m) \$779 (nm)	\$724 + \$65(m) or \$85(nm) Total Fee: \$789(m) \$809(nm)
<b>Cost per Additional CSR Consulting Hour</b>	\$225	\$234	\$243

**Please circle either option 1, 2, 3,4, or 5 and sign the document. This document needs to be accompanied with:**

- **a signed enrollment and commitment form (Exhibit A), and**
- **a signed business associate agreement (Exhibit B). Organizations can elect to use this template or their own business associate agreement.**

By signature below, executed by duly authorized officer, (name of organization) agrees to the terms and conditions outlined herein:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Organization