

<p><u>CALL TO ORDER - 3:00 PM</u></p>	<p>Dr. Katz</p>
<p>1. Adoption of Minutes: January 18, 2018</p>	
<p><u>Acting Chair's Report</u></p>	<p>Dr. Katz</p>
<p><u>President's Report</u></p>	<p>Dr. Katz</p>
<p><u>Informational Item:</u> Flu Update</p>	<p>Dr. Allen</p>
<p><u>Informational Item:</u> Flu Update</p>	<p>Dr. Studer</p>
<p>>> <u>Action Items</u><<</p>	
<p>2. RESOLUTION: Amending the resolution of the Board of Directors (the "Board") adopted in April 2014 authorizing the New York City Health + Hospitals (the "System") to execute an agreement with KPMG LLP ("KPMG") to perform auditing services and other directly related services for an amount not to exceed \$3,487,000 plus a 10% contingency reserve of \$340,000 for a total not-to-exceed amount of \$3,827,000 with such amendment adding \$300,000 to the funding authorized for the contract to accommodate work required to have been performed in connection with the Medicaid Administration grant in order to increase the not to exceed amount of the contract with KPMG to \$4,127,000. (Audit Committee – 02/07/18) EEO: Approved / Vendex: Pending</p>	<p>Ms. Youssef</p>
<p>4. RESOLUTION: Appointing Dr. Eric Wei as a member of the Board of Directors of MetroPlus Health Plan, Inc. ("MetroPlus"), a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York, to serve in such capacity until his successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus.</p>	<p>Mr. Rosen</p>
<p>3. RESOLUTION : Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with PharmScript, LLC (PharmScript) to provide pharmacy services for the System's five post-acute care facilities (Carter, Coler, Gouverneur, McKinney, and Sea View) with an initial term of three years with two one-year options to renew solely exercisable by the System and with total amount over the combined five-year term not to exceed \$16,723,402 to pay PharmScript for patients with no insurance re-appointing the Board of Directors (herein attached) of the NYC Health + Hospitals (hereinafter "the System") subsidiary captive insurance company, HHC Insurance Company; and the NYC Health + Hospitals Physicians Purchasing Group. (Resubmission - Medical and Professional Affairs Committee – 02/07/18) EEO: Approved / Vendex: Approved</p>	<p>Dr. Calamia</p>
<p><u>Committee Reports</u></p>	
<p>➤ Audit</p>	<p>Ms. Youssef</p>
<p>➤ IT</p>	<p>Ms. Youssef</p>
<p>➤ Medical and Professional Affairs</p>	<p>Dr. Calamia</p>
<p>➤ Governance</p>	<p>Mr. Campbell</p>
<p><u>Subsidiary Board Reports</u></p>	
<p>➤ Metro Plus</p>	<p>Mr. Rosen</p>
<p><u>Executive Session Facility Governing Body Report</u></p>	
<p>➤ NYC Health + Hospitals Lincoln ➤ NYC Health + Hospitals Gouverneur</p>	<p>Dr. Katz</p>
<p><u>Semi-Annual Governing Body Report (Written Submission Only)</u></p>	
<p>➤ NYC Health + Hospitals Queens</p>	
<p>>> <u>Old Business</u><<</p>	
<p>>> <u>New Business</u><<</p>	
<p><u>Adjournment</u></p>	

NYC HEALTH + HOSPITALS

A meeting of the Board of Directors of NYC Health + Hospitals was held in Room 532 at 125 Worth Street, New York, New York 10013 on the 18th day of January 2018 at 3:16 P.M. pursuant to a notice which was sent to all of the Directors of NYC Health + Hospitals and which was provided to the public by the Secretary. The following Directors were present in person:

Mr. Gordon J. Campbell
Dr. Mitchell Katz
Ms. Helen Arteaga Landaverde
Mr. Steven Banks
Dr. Gary S. Belkin
Ms. Josephine Bolus, R.N.
Dr. Jo Ivey Boufford
Dr. Vincent Calamia
Ms. Barbara A. Lowe
Mr. Robert Nolan
Mr. Bernard Rosen
Ms. Emily A. Youssouf

Deborah Brown was in attendance representing Dr. Herminia Palacio, in a voting capacity. Mr. Gordon Campbell chaired the meeting and Mr. Salvatore J. Russo, Secretary to the Board, kept the minutes thereof.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on December 21, 2017 were presented to the Board. Then on motion made by Mr. Rosen and duly seconded, the Board unanimously adopted the minutes.

1. **RESOLVED**, that the minutes of the meeting of the Board of Directors held on December 21, 2017, copies of which have been presented to this meeting, be and hereby are adopted.

CHAIRPERSON'S REPORT

Mr. Campbell noted that there is one new items on today's agenda where the Board is being asked to approve a contract prior to Vendex approvals. There are eight items from previous Board meetings pending Vendex approval, and two Vendex approvals were received since the Board last met. Mr. Campbell said the Board would be notified as outstanding Vendex approvals are received.

PRESIDENT'S REPORT

Dr. Katz's remarks were in the Board package and made available on the NYC Health + Hospitals website. A copy is attached hereto and incorporated by reference.

Mr. John Jurenko, Vice President, Intergovernmental Relations, updated the Board on pending federal and state legislation. Mr. Jurenko noted that there is bi-partisan support for a two-year delay of DSH cuts. Mr. Jurenko noted that extension of the Children's Health Insurance Program and DACA are critical matters and that support for both is unclear at this time. Mr. Jurenko and Michelle DiBacco, Assistant Vice President for Legislative Analysis, provided the Board with an update on the recently released State budget.

Mr. Campbell informed the Board that there will be a public hearing on February 27th at NYC Health + Hospitals/Sea View regarding

the proposed lease of the administrative building on the Sea View campus to Camelot Counseling of Staten Island, Inc. to accommodate a state funded residential substance abuse treatment program for women.

ACTION ITEMS

RESOLUTION

2. Authorizing the New York City Health and Hospitals Corporation (the "System") to negotiate and execute a contract with Public Financial Management, Inc. ("PFM") to provide financial advisory and other business consulting services for an amount not-to-exceed \$170,000 per annum for a three-year term, with two, one-year renewal options, solely exercisable by the System.

Mr. Rosen moved the adoption of the resolution which was duly seconded and discussed and adopted by the Board by a vote of twelve in favor with Ms. Youssouf abstaining.

RESOLUTION

3. Appointing/re-appointing the Board of Directors (herein attached) of the NYC Health + Hospitals (hereinafter "the System") subsidiary captive insurance company, HHC Insurance Company; and the NYC Health + Hospitals Physicians Purchasing Group.

Mr. Campbell moved the adoption of the resolution which was duly seconded and discussed and unanimously adopted by the Board.

SUBSIDIARY AND BOARD COMMITTEE REPORTS

Attached hereto is a compilation of reports of the NYC Health + Hospitals Board Committees and Subsidiary Boards that have been convened since the last meeting of the Board of Directors. The reports were received by Mr. Campbell at the Board meeting.

Mr. Campbell received the Board's approval to convene an

Executive Session to discuss matters of quality assurance, patient privacy, personnel matters and potential litigation.

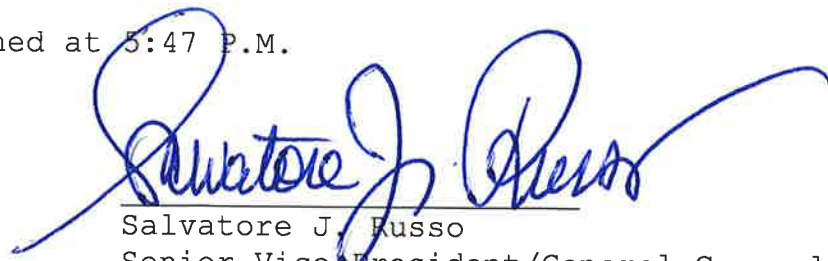
FACILITY GOVERNING BODY/EXECUTIVE SESSION

The Board convened in Executive Session. When it reconvened in open session, Mr. Campbell reported that the Board (1) received and approved oral governing body submissions from NYC Health + Hospitals/ Kings County; (2) received and approved oral governing body submissions from NYC Health + Hospitals/Susan Smith McKinney Nursing and Rehabilitation Center; and (3) received and approved a semiannual governing body report from NYC Health + Hospitals/Elmhurst.

The Board also received and unanimously approved the recommendation of the Governance Committee to appoint Dave Chokski as Vice President/Chief Population Health Office; Frederick Covino as Vice President of Financial Planning and Analysis; and Colicia Hercules as Corporate Secretary and Chief of Staff, along with her current responsibilities.

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 5:47 P.M.



Salvatore J. Russo
Senior Vice President/General Counsel
and Secretary to the Board of Directors

**NYC HEALTH + HOSPITALS:
January Board Meeting Follow Up Items**

- 1. Notification to the Board of outstanding VENDEX approvals.
See 1/18/18 Board Minutes, Page 2.**

NYC Health + Hospitals Chair Gordon Campbell noted that there are eight items from previous Board meetings pending Vendex approval, and that two Vendex approvals were received since the Board last met. Mr. Campbell said the Board would be notified if outstanding VENDEX approvals are received.

COMMITTEE REPORTS

Governance Committee – December 21, 2017

As reported by Gordon Campbell

COMMITTEE MEMBERS PRESENT – G. Campbell, B. Rosen, V. Calamia, H. Arteaga Landaverde

Staff – S. Brezenoff, S. Russo, C. Hercules,

Others: Mitchell Katz

The meeting was called to order 12:16 by Gordon Campbell. Mr. Campbell called a motion to accept the minutes of the Governance Committee meeting held on November 30, 2017. The motion was seconded and the minutes was unanimously approved.

Mr. Campbell then requested a motion to convene in executive session to discuss personnel matters. The motion was seconded and approved.

This meeting of the Governance Committee was convened in executive session to deliberate on the following personnel actions.

Action Items

To consider nominee to the following corporate officer level position:

1. *Matthew Siegler, JD - as Senior Vice President Managed Care and Patient Growth*

Following a discussion conducted by Dr. Mitchell Katz, Mr. Brezenoff, by the candidate, and the subsequent deliberations by the Committee attendees, Mr. Campbell called for a motion to recommend Matthew Siegler as the Senior Vice President of Managed Care and Patient Growth to the full Board, with an expected start date no later than February 15, 2018.

The motion was seconded and unanimously approved by the Committee for consideration by the full Board.

2. *Dr. Eric Wei – Vice President of Quality, Safety and Access*

Following a discussion conducted by Dr. Mitchell Katz, Mr. Brezenoff, by the candidate, and the subsequent deliberations by the Committee attendees, Mr. Campbell called for a motion to recommend Dr. Eric Wei as Vice President of Quality, Safety and Access to the full Board, with an expected start date no later than February 15, 2018.

The motion was seconded and unanimously approved by the Committee for consideration by the full Board.

3. *Dr. Theodore Long – Vice President of Primary Care*

Following a discussion conducted by Dr. Mitchell Katz, Mr. Brezenoff, by the candidate, and the subsequent deliberations by the Committee attendees, Mr. Campbell called for a motion to recommend Dr. Theodore Long as Vice President of Primary Care to the full Board, with an expected start date no later than February 15, 2018.

The motion was seconded and unanimously approved by the Committee for consideration by the full Board.

4. *Israel Rocha, Jr. – Vice President of OneCity Health*

Following a discussion conducted by Dr. Mitchell Katz, Mr. Brezenoff, by the candidate, and the subsequent deliberations by the Committee attendees, Mr. Campbell called for a motion to recommend Israel Rocha, Jr. as Vice President of OneCity Health to the full Board, with an expected start date no later than February 15, 2018.

The motion was seconded and unanimously approved by the Committee for consideration by the full Board.

There being no further business, the meeting adjourned at 1:40 p.m.

AUDIT COMMITTEE MEETING – January 11, 2018

As reported by Emily Youssouf

COMMITTEE MEMBERS PRESENT: Emily Youssouf, Josephine Bolus, RN; Mitchell Katz, MD; Helen Arteaga Landaverde, MPH; Gordon Campbell

An Audit Committee meeting was held on Thursday, January 11, 2018.

The meeting of the Audit Committee was called to order at 10:36 A.M. by Ms. Emily Youssouf, Audit Committee Chair. Ms. Youssouf asked for a motion to adopt the minutes of the Audit Committee held on December 7, 2017. The minutes were unanimously adopted by the Committee. Ms. Youssouf introduced the action item regarding the review of the Management Letter by KPMG.

Ms. Maria Tiso, KPMG Engagement Partner, introduced the audit team members consisting of Mike Breen, Engagement Partner; Jim Martell, Partner and Camille Fremont, Engagement Senior Manager. Ms. Tiso commented how difficult this year's audit was because they had to adopt three GASB standards.

Ms. Tiso stated that the Matrix of Observations does not list the facilities, because this year was based on financial reporting and a lot of previous recommendations were remediated.

Ms. Tiso then turned the presentation over to Ms. Fremont who reported the following recommendations:

Financial Reporting and Alignment of Finance Resources

As part of the NYC H + H financial reporting process, we recommend the following:

- Assess the organizational needs and the available finance staff resources to determine how to best structure the department.
- Perform a formal review of the complete financial statements, inclusive of the financial statements, footnote disclosures, MD&A, and required supplemental information at a level of precision to ensure they are fairly presented. This review should be performed by the Corporate Comptroller prior to submission to KPMG.
- We acknowledge that management utilizes a responsibilities checklist for the year-end close and audit; however, it should be updated to ensure it is up-to-date and covers all significant accounts and relevant disclosures. The updated checklist should ensure that there are reasonable deadlines to allow for the corporate finance department to review and record potential adjustments in a timely manner.
- As a leading practice, prepare a financial statement footnote disclosure checklist, to ensure that all required disclosures are included within the financial statements and in accordance with U.S. generally accepted accounting principles. In addition, management should consider preparing a footnote disclosure and MD&A binder with all relevant documentation provided in one place to support those disclosures.

Patient Accounts Receivables

1. Management should continue to refine its process and methodology in place for evaluating the collectability of patient accounts receivable, ensuring the review is performed at a sufficient precision level to identify any errors. Management's analysis should consider the potential impact of items such as aging, in-house accounts, individually significant balances, and the most recent collection experience from the Soarian patient accounting system. Management should continue to test its process by performing a historical hindsight analysis by comparing subsequent cash receipts to patient accounts receivable at year-end. Management should consider utilizing a data and analytics tools, such as the IDEA program, into its analysis, which would allow them to analyze large volumes of data. Management should also continue to reconcile the patient accounts receivable from MetroPlus to the estimated MetroPlus liability due to NYC Health + Hospitals. Any significant differences should be investigated.
2. Management should develop a process to review credit balances to determine the potential refund liability and potential impact on patient accounts receivable valuation. This process will be enhanced by management utilizing a data and analytics tool such as IDEA as noted above.
3. Management should develop a process to review significant account balances to determine if any of these balances are as a result of mis-postings and adjust these balances accordingly.
4. Unapplied cash balances should be monitored to ensure that the cash is applied to individual account balances on a timely basis.

Third Party Reimbursement Estimates

Given the complexity of the third party reimbursement estimates, we recommended that management develop policies and procedures to ensure a sufficient detailed review of third party reimbursement estimates is performed by the Comptroller's office, which includes obtaining and reviewing the source documentation for all significant assumptions in order to ensure sufficient appropriate audit documentation exists.

MetroPlus - Claims

We recommend that management enhance its existing policies and procedures in place over claims processing, including contractual rates entered into the claims processing system. For example, management should ensure that all claims are subject to testing, including those that are auto-adjudicated by the system. In addition, Management should evaluate whether its threshold for sampling of all high dollar claims is at a sufficient level for outpatient claims. Management should also ensure its procedures including testing of claims to rates in the contractual agreements.

MetroPlus – Management Review of Accounts Analysis

We recommend that management enhance its policies and procedures to ensure timely review of the account analysis to support the balances recorded in the financial statements. This review should be performed by a qualified individual who is at least a level above the preparer and at a level of precision to identify any significant errors.

Accounts Payable Sub-ledger to General Ledger Reconciliation

We continue to recommend that management obtain a detailed accounts payable sub-ledger report that is periodically reconciled to the general ledger to ensure accuracy of the accounts payable balance. Any unusual reconciling items should be investigated and addressed timely.

Accounts Payable and Accrued Expenses

We recommend that management implements controls and update policies and procedures to ensure that purchased goods and services related to capital projects are properly accrued for as liabilities. Additionally, we suggest more frequent communication between the capital planning department and the accounts payable department.

Grants Receivable Reconciliation between General Ledger and Grants Sub-ledger

We recommend that management obtain a detailed grants receivable sub-ledger report that is periodically reconciled to the general ledger to ensure accuracy of the grants receivable. Any unusual reconciling items should be investigated and addressed timely.

Liquidity

Although, NYC Health + Hospitals has been aggressive in dealing with its financial challenges in a number of ways by creating the Office of Transformation charged with carrying out the goals of "Vision 2020" and Mayor Bill de Blasio's Transformation Plan, we recommend that management and the Board continue to keep their focus on such initiatives and take the necessary actions to ensure that NYC Health + Hospitals funding remains adequate in order to carry out its vital mission.

Information Technology Comments (Password Configuration Settings)

KPMG IRM recommends configuring the password settings to industry leading practices. Management should also update policy to specify password parameters.

System Access Revocation

KPMG recommends removing terminated users application level access within 5 business days of effective termination date and that management update its policy to specify timeliness for terminations.

Periodic Review

KPMG recommends that management performs a periodic review of active users and user access rights to identify and remove inappropriate system access.

Tax Comment

We recommend that NYC Health + Hospitals update their billing notices so that they not only include references to HHC Options and a phone number, but also include a website address so patients can read about the FAP online. Additionally, we recommend that NYC Health + Hospitals formally adopt the prospective method and reference it in the HHC Options policy.

Status of Prior Years Comments

We noted several areas in which the prior year management letter recommendations were addressed by management. These comments and management's resolution status are listed below.

MetroPlus

Managements Resolution Status

Representatives from the MetroPlus and the Corporate Comptroller's office have been meeting on a regular basis to discuss items of importance between the MetroPlus finance department and the Corporate Comptrollers division. During the year-end audit review, these meetings took place with more regularity than the quarterly reviews.

The related party account balances were agreed upon by both parties and documented accordingly utilizing a related party account summary worksheet, and will continue each and every quarter.

Fixed Asset Depreciation

Management Resolution Status

Additional training of Fixed Asset staff was conducted within the first half of fiscal year 2017 for the proper accounting of assets that have not been placed into service. Sampling of asset additions will be tested for determining adjustments, if necessary, to the asset addition to ensure consistency with GAAP.

Finance Committee – January 11, 2018

As reported by: Bernard Rosen

Committee Members Present: Bernard Rosen, Gordon Campbell, Dr. Mitchell Katz, Helen Arteaga Landaverde, Josephine Bolus, Barbara Lowe, Emily Youssouf

Mr. Bernard Rosen called the meeting to order at 12:05pm. The minutes of the November 8, 2017 meeting were approved as submitted.

SENIOR VICE PRESIDENT'S REPORT

Mr. PV Anantharam began his report noting that the projected close for FY17 had been about \$400 million, but the FY closed at \$600 million which provided a healthy lead into FY18. As of the end of December 2017, the estimated cash was almost \$400 million. The headcount reduction is also on track. Health + Hospitals received Disproportionate Share Hospital (DSH) payments as expected through December reflecting the agreement with the State, but challenges remain on the federal level. For the meeting, an action item on financial advisory services would be presented, as would a short-term financing update and a Huron revenue optimization work update.

KEY INDICATORS REPORT

Ms. Krista Olson began the utilization report reporting through November 2017. Starting with acute care hospitals, ambulatory care visits are down by 1.6%. Although still declining relative to last year, this has improved since the last report in November. Woodhull is down by 9.3%. Acute Inpatient discharges are down by 1.8%. Similarly, acute inpatient discharges year to date are also down compared to prior year, but slightly improved since September. The largest decline is at Metropolitan, which has seen a commensurate increase in observation stays that directly offsets these declines from a workload perspective. Ms. Emily Youssouf asked for more information on Woodhull and Metropolitan's declines. Ms. Olson noted that at Woodhull, some provider vacancies are being backfilled in the medicine clinic, emergency room, and behavioral health, with an active effort to

recruit and hire. For Metropolitan, the inpatient discharge decreases are offset by increases in observation stays. Ms. Youssof noted that it would be interesting to show a trend, for example, a ten-year trend to see where performance is overall. Ms. Barbara Lowe added that if the trend charts could note historic periods of change that would be helpful. Mr. Gordon Campbell noted that obtaining facility leadership input would also be helpful, including acute and ambulatory care.

The Average Length of Stay compares actual length of stay (excluding psych and rehab) compared to the expected length of stay using the NYC average adjusted for the facility specific case-mix. Overall, Health + Hospitals length of stay is ½ of one day above the city-wide average; with 7 facilities greater than their corresponding benchmark and 5 facilities below. Finally, case mix index is up by 2.2% against last year at this time.

Gotham Diagnostic and Treatment Center visits continue to decline, with visits down 6.6% compared to this time last year, and the year ended with a decline of 7.5%. Post-Acute Care days are down slightly compared with last year (-1.6%), primarily at Coler and HJ Carter. HJ Carter is experiencing lower census in its long-term acute care (LTACH) units and is reviewing ways in which to admit appropriate patients from more costly acute care hospital settings. Gouverneur is up by nearly 5%, related to the timing of additional beds opening up last year. With no further questions, reporting was concluded.

CASH RECEIPTS & DISBURSEMENTS REPORT

Ms. Michline Farag began her reporting on global full-time equivalents (GFTEs). For Global FTEs, Health + Hospitals is down 646 GFTEs since the start of FY18 through November. Since the same time last year in November, there has been a decrease of 2,821 GFTEs, and a total of 4,642 reduction since the implementation of FTE controls two years ago. For FY18 through November Budget numbers, receipts came in \$48 million better than budgeted, and disbursements are essentially on budget with \$4.6 million lower than projected.

Ms. Farag continued her report discussing the comparison of FY18 actuals to FY17 actuals through September. For direct patient care receipts, Health + Hospitals is doing better through November compared to last FY. Inpatient receipts are up \$75.9 million and outpatient receipts are \$44.6 million higher. This is due to the impact of the revenue cycle initiatives, which started to roll out at this time last year as well as an extra pay cycle of Medicaid Fee-For-Service in FY18 of about \$20 million. Overall receipts in FY18 through November are \$377 million lower than last year. This is due to pools timing. Last fiscal year, Health + Hospitals received \$92 million more through November due to a large MetroPlus payment of \$75 million. This is also the same impact of timing in the DSH/UPL line, which is \$415.9 million lower than last year. At this time last fiscal year, Health + Hospitals had already received \$446 million more than this year in Upper Payment Limit (UPL) payments, while DSH received to-date is \$30 million higher in FY18. Mr. Fred Covino noted that a \$100 million had been accrued in the first quarter of the calendar year, and that this does not represent a reduction in the total. Mr. Rosen noted that there will always be timing issues at this time in the fiscal year, and Mr. Anantharam answered affirmatively, particularly on supplemental payments.

In terms of total cash disbursements, Health + Hospitals is \$39.6 million higher than last fiscal year, due to a payment made to the City for \$136.7 million in the first quarter of FY18 for FY17 obligations. Mr. Anantharam noted that this was a timing issue. Ms. Youssof asked what the payment was, and Ms. Farag answered that the largest portion of the payments was for medical malpractice insurance. Ms. Arteaga Landaverde asked about the affiliation payments and the PAGNY work in terms of the savings initiative. Mr. Covino noted that these were regular performance payments, and Mr. Anantharam noted that the PAGNY savings initiative would not be reflected here yet. Ms. Arteaga Landaverde inquired when those would be seen. Mr. Covino noted that the work began in non-clinical vacancies but that the St Georges contract would not be seen yet in the numbers. Mr. Anantharam answered that the savings schedule could be laid out.

Ms. Farag continued her report for FY18 through November actual receipts and disbursements against budget. Receipts are \$48 million better than budgeted, the majority of which is in patient care receipts - \$40 million better in inpatient receipts and \$1.5 million better in outpatient. For cash disbursements, Health + Hospitals is on target with \$4.6 million lower than budgeted. Mr. Anantharam noted that in the mid-year, Health + Hospitals is heading in the right direction. Ms. Lowe asked if there were any stand-out areas for the \$40 million improved performance. Ms. Farag noted that there has been an improvement in Medicaid revenue collection. Mr. Covino answered that the savings plan and allocations will be need to be updated and refined, and Mr. Campbell asked if there was a route to the \$110 million revenue target. Mr. Anantharam noted that Health + Hospitals will do better than last year in terms of the revenue cycle initiatives. With no further questions, reporting was concluded.

PUBLIC FINANCIAL MANAGEMENT RESOLUTION

Ms. Linda Dehart presented a resolution to authorize the New York City Health and Hospitals Corporation (the "System") to negotiate and execute a contract with Public Financial Management, Inc. ("PFM") to provide financial advisory and other

business consulting services for an amount not-to-exceed \$170,000 per annum for a three year term, with two, one-year renewal options, solely exercisable by the System.

Health + Hospitals currently finances major construction and renovation capital projects, ongoing capital improvements, and major movable equipment through funds received from the proceeds of tax-exempt bonds and leases issued by the System or by other issuers on behalf of the System; and Health + Hospital's involvement in the financial markets through bond issues, capital leases and investments necessitates the use of a financial advisor to review and pursue all financing options available to the System. A Request for Proposals process for financial advisory services was issued, and a selection committee determined that PFM is the best qualified to provide the services required.

Mr. Rosen asked if PFM had been used before, and Ms. Dehart answered affirmatively since 2002. Ms. Bolus asked about the benefits from the last fifteen years. Ms. Dehart noted that it is to Health + Hospitals' benefit to have experts who do bond financing, short-term capital financing, business analysis, and provide advice on implications of the tax bill. The City also supports outside financial advisory services. Ms. Bolus asked if expertise was also being cultivated with internal staff. Ms. Dehart confirmed that internal staff existed, that Health + Hospitals reaches out to the City and OMB as needed, and that the City also utilizes external financial advisory services. Mr. Campbell asked about the contract utilization and whether it would be less than \$170,000 annually. Ms. Dehart noted that the average utilization in the last five years has been about \$62,000 annually. Mr. Rosen noted that it was similar to a requirements contract, and would only be billed when used. The resolution was brought for motion, seconded, and the motion carried.

SHORT TERM FINANCING UPDATE

Ms. Dehart provided a status report on short term capital financing. Through resolutions passed in July 2013, April 2015, and September 2015, the Board authorized equipment and other short term financing up to \$120 million, with the goal of allowing the system to establish a flexible short term financing program with as needed access to capital funds from one or more banks over multiple years. There are two programs – one with JP Morgan Chase for up to \$60 million worth of primarily equipment purchases that closed on July 9, 2015, after development of a secondary Health Care Reimbursement Revenue lien security, and a second with Citibank for up to \$60 million worth of mostly routine renovation and IT projects closed on October 14, 2015. The Citibank loan was replaced on November 1, 2017 with a \$30 million fixed rate loan and a \$30 million variable rate loan.

On August 1, 2017, the JP Morgan Chase \$60 million outstanding loan converted to a fixed rate at 2.0880% with a final maturity date of July 1, 2022. As of January 2, 2018, the vouched funds were \$57.964 million, and encumbrances were \$59.366 million. This loan will be fully spent in the near future. Ms. Bolus asked how much is owed, and Ms. Dehart noted that the full amount of this borrowing has already occurred. The borrowing created a pool from which Health + Hospitals reimbursed themselves for eligible capital spending. Ms. Bolus asked when principal payments would begin, and Ms. Dehart answered they began last fall.

The Citibank loan is a variable rate revolving loan indexed to SIFMA, with a maturity date of October 14, 2018. There are two components to the Citibank replacement loan – a fixed rate loan with \$30 million borrowed and a variable rate loan available to be borrowed up to \$30 million with a five-year maturity from drawdown. Mr. Rosen asked if the Citibank loan had closed at \$60 million. Ms. Dehart answered affirmatively, with a close in November, borrowing \$30 million and another \$30 million being available to borrow. Ms. Bolus asked what was being paid off, was it interest payments being made. Ms. Dehart answered that the interest only payments made on the original Citibank loan were paid off by the new loan. Ms. Bolus asked when the interest would be paid off on the new loan. Ms. Dehart answered November 2022 is when the interest and principal would be paid.

Ms. Lowe asked when Health + Hospitals would be closer to getting out of loans. Mr. Anantharam noted that Health + Hospitals relies on the City for large construction projects with the City providing funds over a ten-year period. There are some projects that are not capital eligible from the City definition. Therefore, Health + Hospitals engaged the JP Morgan and Citibank loans. Health + Hospitals will never be at a point where it will not borrow because it is attractive to have cash on hand. Ms. Bolus asked if it was cheaper to borrow funds versus use funds. Mr. Anantharam noted that it depends on the cash on hand because Health + Hospitals can stretch that cash on hand. Ms. Dehart also noted that Medicaid and Medicare recognizes the need for this kind of financing for projects, and that Health + Hospitals receives additional reimbursement for increases in interest payments. Ms. Bolus noted that it could be risky as federal policy can change. Ms. Bolus asked about the utilization of the \$30 million variable rate loan. Ms. Dehart answered that, in discussion with Mr. Anantharam, that IT and other project needs would be reviewed. Mr. Anantharam added that Health + Hospitals would assess financing sources, and that loan was

available as needed, particularly since there was an issue of supplemental payments and timing, and how much cash may need to be stretched at times. With no further questions, the discussion was concluded.

HURON UPDATE

Mr. Graham Gulian introduced a status report on the Huron revenue cycle optimization work. Mr. Rosen asked if Huron began work in August, and Mr. Gulian confirmed they had. Mr. Gulian noted that they were on target as they began their sixth month. Huron identified three key sources of financial opportunity – recurring revenue cycle improvement, recurring clinical documentation improvement (CDI), and one-time cash flow opportunity.

The work on recurring revenue cycle improvement focuses on reorganizing collection processes, including a reduction in accounts receivable write-offs through cleanup of unworked populations. The CDI work focused on increased accuracy of clinical documentation and increased representation of patient acuity and quality. The one-time case flow opportunity focused on reduction in billing backlogs and improved denials management and resolution processes. The Huron ranges for the low to high opportunities across those three sources are \$160 million to \$340 million. Huron is confident that the midpoint of those ranges will be achieved.

The short term cash driving initiatives focused on activities across all eleven facilities. These initiatives included in-house high dollar review to ensure front-end financial security of long lengths of stay or high threshold of charges cases that slipped through the old processes. This resulted in action taken on 97 accounts, out of 719 reviewed, for a potential cash opportunity of \$7.4 million. Another of those initiatives included aged account receivables, high risk review which resulted in a review of accounts greater than 90 days from discharge with high outstanding balances. This resulted in action taken on 297 accounts, out of 773 reviewed, for a potential cash opportunity of \$5.9 million. The last short term cash driving initiative focused on timely filing review. This resulted in correcting 1,727 accounts, out of 3,282 reviewed, for a potential cash opportunity of \$1 million.

Mr. Rosen asked if Health + Hospitals staff agreed with those estimates. Mr. Anantharam noted that there needs to be further analysis as there had been previous activity achieved in terms of comparison, and that the focus of the Huron work is the standardization and timeline of the work being done. In the six months that Huron has been engaged, they have designed an organizational structure, as well as workflow and technology. Huron has completed its assessments, completed the design work including staffing analyses and staff alignment. In terms of implementation, Huron has provided staff training and materials on leading practices and held ongoing meetings with Epic OG team around the Epic design. Wave 1 Go Live began at Bellevue, Kings County, and Lincoln in December. Implementation at the facilities included updating staff priorities and completing training on new job functions, as well as implementing Huron technology including automated workflow and reporting for insurance verification, inpatient financial counseling, billing, and follow-up.

Ms. Lowe asked if the model was on the here and now, and how does the build compensate for what is not known. Mr. Anantharam noted that he asked David Guzman the Elmhurst CFO to provide facility perspective on the Huron work. Mr. Rosen asked with implementation in December, how the work was going now. Mr. Gulian answered that it was going well, and Huron noted that there were about ten Huron staff at each facility who would be staying on for five to six months.

Huron continued their report on the CDI work. The objective of the CDI initiative is to achieve accurate, complete, compliant, and appropriate documentation. Huron designed a CDI operating model including recommendations to hire a new CDI Assistant Vice President to provide centralized leadership and work towards system level goals, and initiated hiring of 37 additional FTEs to cover discharge volumes with newly hired staff to receive education and training from Huron as they are onboarded. Mr. Campbell asked why staff could not be more centralized in terms of the CDI work. Huron noted that the CDI staff need to have relationships with the physicians at the facilities. Mr. Gulian noted that although the policies are central, the CDI implementation is at facilities and that work was being done with Dr. Allen on identifying physician advocates at the facilities. Ms. Lowe asked what tools or assistance there was for clinical providers. Huron noted that the CDI tool prompts physician for what is being looked for, for example, sepsis and prompts on acuity and severity. Ms. Lowe asked if it would also help nurses, as nurses and doctors are partners, and whether the tool goes into specialties. Huron confirmed it would, and noted that the Huron lead on the CDI work is a nurse.

Mr. Campbell noted that, as discussed in July, the Huron engagement is time limited, and how it would be ensured that Health + Hospitals staff owns the work. Huron reported that to promote long-term sustainability, enhance leadership, and encourage employee solution adoption, a multi-tiered strategy has focused on change management strategy with active sponsorship and coaching, accountability structures including changing reporting relationships, work drivers and reporting to be designed concurrently and in coordination with Epic financial design, and onsite project support. Mr. Guzman of Elmhurst was asked to

discuss the facility perspective and Huron's on-site work. Mr. Guzman described Huron's tool providing insight on staff work priorities and the staffing model needed to perform the work, including measuring the adequacy of staffing to address the volume of work. The inpatient and outpatient workflow had front-end and back-end components. The Elmhurst implementation differs because approximately sixty staff have already been moved within the facility in terms of process. There is a work driver tool that helps navigate when to engage further in the work. Elmhurst Go Live is targeted for January 24, and the staff are excited to enhance their skill sets and the work cross-pollinates with the Epic implementation. Mr. Campbell asked if this was the same at Lincoln and Kings. Mr. Gulian confirmed that it was, and there will be good data available. Mr. Anantharam noted that he had heard Mr. Guzman speak about this the other day, and asked him to discuss at today's Finance Committee. Mr. Anantharam heard that Bellevue staff also liked the concept of the Huron work helping with their work.

Dr. Mitch Katz noted that posting results and trends at the local level, in terms of graphs and the outcomes in terms of resulting dollars, would be helpful as the good work and improvements are highlighted. Mr. Campbell agreed and noted that it could also foster healthy competition. Ms. Bolus asked if the unions had been engaged. Mr. Anantharam confirm that Vice President Andy Cohen has been speaking with them. Ms. Bolus asked how many staff are working on the floor. Dr. Katz noted that front-line staff are now involved, and the focus is on best practices in real time with doctors and nurses. Mr. Gulian noted that with the ED charge capture work, there was advisory group of doctors and nurses from the facilities. Ms. Bolus asked if there were new titles and functions in CDI. Mr. Guzman noted that it was not new staff, and Mr. Anantharam answered that CDI staff were expanding in facilities. Ms. Bolus asked if the CDI staff were Health + Hospitals staff, and not Huron staff. Mr. Anantharam confirmed they were Health +Hospitals staff at the facilities with relationships with the doctors. Ms. Bolus asked if the salary was sufficient for staff to be retained. Mr. Anantharam noted that the salary structure had been laid out. Ms. Lowe suggested finding nurses internally to fill the positions.

Huron concluded their reporting with next steps. For Bellevue, Lincoln, and Kings, there will be a drive toward improved metric performance in the new revenue cycle operating model. In January, Elmhurst will implement comprehensive revenue cycle changes and Huron technology. In March, Woodhull, Jacobi, and NCB will being preparations for go-lives. All facilities will continue immediate cash driving and performance improvement initiatives, begin hiring for open and expanded positions, and begin measuring financial improvements. Mr. Rosen asked if the Huron efforts will be able to be measured. Mr. Anantharam noted that Huron would work with Ms. Olson who will oversee the measurement, and that with the Huron tool, there should be measurable results in the near future. Ms. Lowe asked with the disruptive and unpredictable state within the system and facilities, and the management of work within that framework, would it be measurable. Mr. Anantharam noted that some work performance may not be measurable because of the work on different systems, for example Unity and Soarian, but when the system is on the single platform of Epic and the Huron standardization work is complete, and it will help management and stabilization. There is a bigger issue of supplemental payments and whether the system can decrease reliance on those payments as revenue cycle initiatives increase collections. Ms. Lowe noted that with changing regulations and frameworks, it would be helpful to inculcate a learning environment versus just a training and orientation perspective. With a standard operating model across facilities, changes can be made within that framework, including preparation for Epic implementation. With no further questions, reporting was concluded.

ADJOURNMENT

There being no further business to discuss the meeting was adjourned at 1:18 p.m.

MITCHELL H. KATZ, MD
NYC HEALTH + HOSPITALS PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
January 18, 2018

I am so happy to be back home in New York City, and honored to be President and CEO of NYC Health + Hospitals. I want to thank the Board and the Mayor for their support.

As this is my first report to the Board, I want to use the opportunity to lay out the challenges before us and how I see us succeeding.

NYC Health + Hospitals is an amazing organization with an outstanding mission: Care of one million New Yorkers, 400,000 of whom are uninsured. It's a system with a proud history: the first public hospital in America (NYC Health + Hospitals /Bellevue), the first open heart surgery performed in New York State (NYC Health + Hospitals/Kings County) and the first long-term care beds in the United States for people living with AIDS (NYC Health + Hospitals/Coler).

We have trauma departments that literally breathe life back into persons who are pulseless. And as is apparent from just my second week, NYC Health + Hospitals is full of committed, mission driven people who want us to succeed.

But to succeed we must modernize our operations. We need to focus our efforts in the ambulatory care area. There will always be a need for great trauma centers and hospitals, but health care has moved to a world where both patients and payers expect that most care is provided outside of the hospital.

We need to connect every patient in our system who has a chronic disease to a primary care provider. A large body of evidence demonstrates that longitudinal care – provides higher quality care at lower costs. Every clinician can tell you why. When you know patients over time, you know their preferences; you know how they respond to illness; you understand their social situation. And longitudinal relationships facilitate the healing role of therapeutic relationships. And you don't have to be a doctor to make a difference. One of the most therapeutic relationships I ever saw develop was between a middle-aged woman receptionist in a San Francisco AIDS clinic and a frightened young man. Over the next several years we will expand primary care teams, including case managers and community workers to improve access, quality, and patient satisfaction. We will use the tools of population management to ensure we are reaching all who need us.

We must improve specialty care by shortening wait times. We will do this through a greatly expanded electronic consultation system. Electronic consults enable primary care doctors to consult with specialists about the needs of their patients. They result in decreased wait times and more efficient specialty visits. NYC Health + Hospitals has already developed the capability to do electronic consults, but it must expand from a few clinics and a few specialties to the way we do specialty care system-wide. We also need a central referral line for scheduling our patients and directing them to the appropriate facility.

When we expand our primary care capacity and have a robust electronic consultation system in place we will be able to successfully increase enrollment from insured persons, which will improve our revenues. MetroPlus is a valuable asset for us, but for it to realize its potential, we must have sufficient outpatient capacity.

For our inpatient services, we must ask what are the services that we need to grow and what are the services that we need to change. For example, NYC Health + Hospitals has many acute detox beds but no longer-term substance treatment facilities. The result is patients have many hospitalizations without being given the best treatment for long term sobriety. Similarly, we have most of the acute mental health inpatient beds in New York City, but not longer-term residential treatment programs. Substance addiction and mental illness are chronic diseases best treated with long term care plans.

Correctional health is an integral part of NYC Health + Hospitals. Incarcerated persons are among the most vulnerable for serious health problems. When they live jail they are in our clinics, on the train next to us, in the apartment next door. We need to care for them when they are incarcerated and assure a tight connection to our primary care systems.

We need to open urgent care centers at our hospitals so that patients with more minor illnesses do not need to go to the emergency room. This will save money, and provide a better-quality service.

Our financial situation is precarious. We will always need help from the City of New York to support the care of the uninsured. But that amount must be predictable and defensible as an appropriate subsidy for care provided. The amount of subsidy that the City was required to put into NYC Health + Hospitals has grown over the last couple of years, primarily due to loss of federal supplemental payments. But these payments are not likely to return to prior levels. Even if the federal administration were more supportive of public health care, funding has moved to payment for delivering value, not for keeping people in the hospital. We too must move to demonstrate the value of our care.

There are no easy answers to our financial situation. I agree that we cannot simply "cut" our way out of the budget gap. However, we must provide services in more effective ways. People will need to do different jobs in different places for us to be able to deliver the right service at the right time in the right place by the right person.

I commit to our NYC Health + Hospitals facilities and long term care teams that the health system's Central Office exists to serve you, not the other way around. As a practicing clinician, I know that the action occurs on the hospital floor, in the clinic, in the rehabilitation unit, and in the home. The Central Office will make it easier for you to deliver the high-quality care that uplifts our patients and ourselves. Every episode of care in NYC Health + Hospitals should represent the care we would want for our parents and our children.

To achieve our vision, we will work collaboratively with front line workers, with organized labor, with our community partners, and all those who want to see public hospitals succeed. Collaboration is not telling people what you want to do and asking

their approval. Collaboration means we each bear the responsibility of helping NYC Health + Hospitals out of its financial troubles. We have the same goals. Now we must realize them.

I am a 100% in. I will do whatever it takes. I know there is a large community of people, both inside and outside of NYC Health + Hospitals, who are prepared to do the same to assure the success of our nation's first and largest public hospital system.

Federal Update

Current Congressional authorization for the funding of the federal government expires this Friday January 19th. Congress is poised to pass a continuing resolution (CR) to avoid a government shutdown and authorize the funding of federal government operations. The new CR may include provisions to:

- Extend the Children's Health Insurance Program (CHIP) which expired over 100 days ago. National media reporting indicates that several states, New York among them, are close to running out of funding for CHIP.
- Continue funding for the nation's community health enter program (FQHCS)
- Delay implementation of reductions to Medicaid Supplemental Disproportionate Share Hospital funds called for under existing federal statute.

State Update

Governor Cuomo released the New York State FY2018-19 executive budget proposal on Tuesday. The budget is roughly \$168 billion, with a \$4.4 billion budget deficit. The Executive Budget limits spending growth to 2% which will help mitigate the gap. Provisions of this spending plan impacting NYC Health + Hospitals include:

- The proposed Executive budget assumes that congressional action will delay cuts in Disproportionate Share Hospital (DSH) allotments, Essential Health Plan, and Child Health Insurance Program.
 - The Governor's budget extends the current DSH distribution formula for one year.
 - The Governor's budget proposal assumes continuation of the Essential Health Plan under which MetroPlus has approximately 72,000 members.
 - The Governor's budget proposal also assumes an extension of the Children's Health Insurance Program (CHIP), and allows for modification of the state's program by the State Budget Director if necessary to preserve services in face of federal reduction, or a failure to reauthorize.

The budget does not include the potential of \$2 billion cut in Federal funding for health care, but to address the potential federal risk association with DSH, Essential Plan and CHIP, the Executive budget:

- Establishes Health Care shortfall fund of \$1 billion to preserve services in face of shortfalls in federal reimbursement for health care programs administered by the state or ensuring the continued availability and expansion of funding to improve health care delivery.
- Extends Medicaid "Superpowers" on the part of the Governor, through state fiscal year 2020.

The budget proposal also includes \$40 Million in safety net funding, however, the distribution methodology of these funds is not outlined in the language and is instead left to the discretion of the state Department of Health.

NYC Health + Hospitals staff is reviewing the State budget documents for full impact and will work with our colleagues in City Hall and our union and community partners to advocate for NYC Health + Hospitals on all relevant state budget issues.

City Update

New York City Council member Corey Johnson, previous chair of the Council's Committee on Health, has been chosen as the council speaker for the next four years. The Council has also reorganized the manner in which it will conduct oversight for health care in New York City, by establishing a new Committee on Hospital Systems, to be chaired by Council member Carlina Rivera, along with the existing Committee on Health, chaired by Council Member Mark Levine, and Committee on Mental Health, Disabilities, and Addiction, chaired by Council Member Diana Ayala. NYC Health + Hospitals looks forward to working with each Council Member on their new assignments.

OneCity Health Update

OneCity Health distributed Phase III Comprehensive Schedules B contracts to OneCity our partners in December, 2017 which outline obligations until the end of DSRIP in March, 2020. For the initial budget period, which runs from January 1, 2018 until December 31, 2018, the OneCity Health Executive Committee approved \$162M for the partner share of funds, including \$89.5M for the Comprehensive Schedules B contracts and \$5M for a partner Innovation Fund.

Between January and July 2017, Action Teams from NYC Health + Hospitals/Bellevue and NYC Health + Hospitals/Lincoln participated in the New York State DSRIP Medicaid Accelerated eXchange (MAX) Series, which focused on improving care for High Utilizer patients, with a goal of reducing inpatient admissions by ten percent over a six month period. New York State announced results in December, 2017.

- The Action Team from NYC Health + Hospitals/Lincoln established four linkage pathways for high utilizers – Patient-Centered Medical Home (PCMH) program, Health Home, a transition manager or care management. Greater than 51 percent of patients were connected to services post-discharge and received warm hand-offs to key services.
- The Action Team from NYC Health + Hospitals/Bellevue coordinated with the NYC Health + Hospitals Health Home and Home Care teams to follow patients in the community, leading to a 17 percent decrease in their readmission rate.

In January, OneCity Health launched a pair of initiatives aimed at enhancing primary care across NYC Health + Hospitals and the OneCity Health Performing Provider System (PPS).

- Monthly web-based Primary Care & Population Health Grand Rounds and cover topics ranging from practical strategies to effectively treat obesity to offering buprenorphine treatment to patients. Participants are eligible for CME and CNE credits.
- January through March, OneCity Health and the MJHS Institute for Palliative Care are hosting palliative care case conference covering topics from initiating a goals-of-care discussion to management of patients with chronic pain. Participants are eligible for CME credit.

Mayor de Blasio Announces Expansion of Skilled Nursing Care Beds

Earlier this month Mayor de Blasio announced the expansion of 60 new skilled nursing facility beds at NYC Health + Hospital/Gotham Health, Gouverneur to increase short-term rehabilitation and long-term services for clinically complex cases at our post-acute care facility. The new beds will occupy two new units to be constructed at Gouverneur's Madison Street campus. The units, being built in previously unused space at the facility, are expected to be fully operational by April. To accommodate the new capacity, Gouverneur has begun hiring the approximately 75 health-care professionals, including nurses, doctors, therapists, social workers, and dieticians needed to run the units. The 295-bed facility is one of the country's top post-acute care centers. The skilled nursing beds are part of a larger project announced by the mayor that also includes affordable homes for approximately 100 seniors.

I am glad to have the opportunity at my first board meeting to bring to your attention this expansion of best-in-class nursing care and rehabilitation services at NYC Health + Hospitals. The project will provide much-needed continuity of care to many more residents of the Lower East Side, as well as other patients served by the 11 hospitals in our public health care system.

NYC Health + Hospitals/Elmhurst Partners with Queens Library

NYC Health + Hospitals/Elmhurst and Queens Library have announced a new series of free educational events to increase health care literacy for Queens' residents. The series features discussions at Queens Library branches throughout the borough led by NYC Health + Hospitals/Elmhurst providers who are experts on a range of topics. The events are open to the public and will focus on emergency preparedness, adolescent health, hypertension, CPR training, depression, and other topics. The ongoing collaboration is part of the library's Community Health Service program. For a list of event dates, please visit our [website](#).

Health System's First Babies of 2018

NYC Health + Hospitals welcomed the health system's first baby of 2018 on January 1 at 12:23 a.m. at NYC Health + Hospitals/Lincoln, in the Bronx. The baby boy, Brysen Duarte Rivera weighed three lbs. 7 oz. Baby Brysen was soon followed by our health system's first baby in Brooklyn, Baby boy Joshua Miguel Brito, who was born at 12:25 p.m. at NYC Health +

Hospitals/Woodhull, weighing in at 6 lbs. 14 oz. Congratulations to both families. I thank all the labor and delivery teams across our system who work that midnight shift and helped deliver the newest New Yorkers. And I encourage you all to visit our [website](#) to see adorable pictures of both babies.

###

RESOLUTION

Amending the resolution of the Board of Directors (the "Board") adopted in April 2014 authorizing the New York City Health and Hospitals Corporation (the "System") to execute an agreement with KPMG LLP ("KPMG") to perform auditing services and other directly related services for an amount not to exceed \$3,487,000 plus a 10% contingency reserve of \$340,000 for a total not-to-exceed amount of \$3,827,000 with such amendment adding \$300,000 to the funding authorized for the contract to accommodate work required to have been performed in connection with the Medicaid Administration grant in order to increase the not to exceed amount of the contract with KPMG to \$4,127,000.

WHEREAS, the Board approved a resolution in April 2004 authorizing the System to enter into a contract with KPMG for KPMG to perform auditing services and other directly related services for an amount not-to-exceed \$3,827,000 including a \$340,000 contingency; and

WHEREAS, the System executed such an agreement with KPMG that will expire upon the conclusion of the routine auditing and associated work for the System's 2017 fiscal year which is anticipated to be approximately the end of June 2018; and

WHEREAS, the System received a grant from the New York City Human Resources Administration ("HRA") to facilitate and encourage the enrollment of eligible individuals in the Medicaid program (the "Grant"); and

WHEREAS, HRA audited the System's performance and expenditures under the Grant; and

WHEREAS, at the System's request KPMG undertook the work of responding to the HRA audit; and

WHEREAS, the cost of the HRA audit related work was approximately \$232,000 and the total billed to date by KPMG under its contract is \$4,067,630; and

WHEREAS, to enable the System to pay the amounts currently due to KPMG, to restore most of the contingency originally provided in the contract and to ensure adequate funding of the KPMG contract through the end of June 2018, approximately \$300,000 is required; and

WHEREAS, the KPMG contract, with its requested increased funding, shall be managed by the Senior Vice President/Chief Financial Officer.

NOW THEREFORE BE IT:

RESOLVED, that the resolution of the Board of Directors adopted in April 2014 that authorized the New York City Health and Hospitals Corporation to execute an agreement with KPMG LLP to perform auditing services and other directly related services for an amount not to exceed \$3,487,000 plus a 10% contingency reserve of \$340,000 for a total not-to-exceed amount of \$3,827,000 be amended to add \$300,000 to the funding authorized for the contract to accommodate work required to have been performed in connection with the Medicaid Administration grant in order to increase the not to exceed amount of the contract with KPMG to \$4,127,000.

**EXECUTIVE SUMMARY
MODIFICATION OF AUTHORIZATION
FOR KPMG, INC. AUDIT CONTRACT
TO ADD ADDITIONAL FUNDING**

BACKGROUND: April 2004 the Board of directors approved a resolution authorizing the System to enter into a contract with KPMG for KPMG to perform auditing services and other directly related services for an amount not-to-exceed \$3,827,000 including a \$340,000 contingency. The work to be covered by such contract was the audit work required by to be completed for the System by regulation and in the normal course of the System's operations. Certain additional limited audits cannot be anticipated however it is customary that limited additional work will be required in over the course of the audit agreement. As it developed, there was not only a need for KPMG to conduct some limited incidental audits which were able to be paid for out of the contract contingency but also a non-financial audit that caused the System to need additional funding in addition to the contingency.

NEED: The work that KPMG was asked to undertake, in addition to its core audit functions and the cost was:

2014 Audit testing for compliance with reporting GASB 65 (Deferred Outflows/Inflows) and GASB 68 (Pension). Additionally, KPMG is asked every 3-4 years by the City to perform a pension census test for use in its actuarial assumptions. \$ 100,090

2015 Audit testing for compliance with reporting GASB 68 (Pension), GASB 72 (Fair Value). KPMG also performed the first 2 audits of the ACO which was newly reported for audit, and required additional test work. MetroPlus additional services were also incurred. 151,140

2016 During the vacancy of the Corporate Comptroller, substantial testing was performed for accounts receivable and revenue and expense recognition issues. MetroPlus and Nursing Home RHCF4 additional work also performed. 166,500

2017 Audit testing for compliance with reporting GASB 68 (Pension), GASB 75 (OPEB), GASB 80 (Blended Units), GASB 82 (Pension) and GASB 85 (Various). KPMG also performed additional test work on revenue recognition for DSRIP, CREP, VBP/QIP, and accrued compensated balances that were reclassified to long and short-term liabilities.	164,900
2014 – 2017 Reduction for unused services for anticipated bond offerings and cost report certifications that had been budgeted for in the	(252,000)
	<hr/>
Total Additional Financial Statement Related Work	\$330,630

These areas of additional audit work arose in the normal course of the audit agreement and would have been covered by the contingency.

However KPMG was asked to take on an additional project which was of a different type and caused the contingency built into the contract to be exceeded. This additional work involved responding to a CMS audit of the System's Medicaid administration grant. This is a grant that the System received from CMS for the work of enrolling additional patients for Medicaid coverage. The CMS audit requires a time and effort study to justify to CMS the amount that the System billed under the administration grant. The cost of this additional work was \$250,000. This work was not, strictly speaking Financial Statement Related Work and its cost had not been anticipated in the budget for the audit contract. The KPMG audit validated the system's time and effort reporting and, if CMS accepts KPMG's findings, H+H expects to collect approximately \$77 million from the Medicaid Administration grant for the periods audited.

RESOLUTION

Appointing Eric Wei, M.D. as a member of the Board of Directors of MetroPlus Health Plan, Inc. (“MetroPlus”), a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York, to serve in such capacity until his successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus.

WHEREAS, a resolution approved by the Board of Directors of New York City Health and Hospitals (“NYC Health + Hospitals”) on October 29, 1998, authorized the conversion of MetroPlus Health Plan from an operating division to a wholly owned subsidiary of NYC Health + Hospitals; and

WHEREAS, the Certificate of Incorporation designates NYC Health + Hospitals as the sole member of MetroPlus; and

WHEREAS, the Bylaws of MetroPlus authorize the President of NYC Health + Hospitals to select two directors of MetroPlus’ Board subject to election by the Board of Directors of NYC Health + Hospitals; and

WHEREAS, the President of NYC Health + Hospitals has selected Eric Wei, M.D. to serve as a member of the Board of Directors of MetroPlus; and

NOW, THEREFORE, be it

RESOLVED, that Eric Wei, M.D. is hereby appointed to the MetroPlus Board of Directors to serve in such capacity until his successor has been duly elected and qualified, or as otherwise provided in its Bylaws.

EXECUTIVE SUMMARY

Pursuant to the Certificate of Incorporation of MetroPlus, New York City Health and Hospitals (“NYC Health + Hospitals”) has the sole power with respect to electing members of the Board of Directors of MetroPlus. The Bylaws of MetroPlus authorize the President of NYC Health + Hospitals to select two Directors, subject to approval by the Board of Directors of NYC Health + Hospitals.

The President of NYC Health + Hospitals has nominated Eric Wei, M.D. to serve as a member of the MetroPlus Board of Directors.

Dr. Wei is NYC Health + Hospitals’ newly appointed Chief Quality Officer. Dr. Wei will direct and oversee clinical performance, patient safety, clinical analytics, informatics, and quality programs to meet established quality, safety, access, regulatory, and compliance goals.

Dr. Wei comes from Los Angeles County and USC Medical Center, where he served as Interim Chief Quality Officer and Associate Medical Director for Quality, Safety, and Risk. He is also Assistant Professor of Clinical Emergency Medicine at the Keck School of Medicine of University of Southern California. He is a fellow of the American College of Emergency Physicians and the American Academy of Emergency Medicine. Dr. Wei received his bachelor’s degree in molecular, cell, and developmental biology at University of California, Los Angeles, and completed a combined MD and MBA program at University of California, Irvine.

His knowledge and commitment to the mission and vision of NYC Health + Hospitals and MetroPlus Health Plan will make him a valued member of the MetroPlus Board.

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with PharmScript, LLC (PharmScript) to provide pharmacy services for the System's five post-acute care facilities (Carter, Coler, Gouverneur, McKinney, and Sea View) with an initial term of three years with two one-year options to renew solely exercisable by the System and with total amount over the combined five-year term not to exceed \$16,723,402 to pay PharmScript for patients with no insurance.

WHEREAS, an application to issue a request for proposals was presented before the Contract Review Committee at its October 2, 2017 meeting and was approved by its approval letter dated October 3, 2017; and

WHEREAS, after the Office of Supply Chain Services issued a request for proposals, four proposals were received, the two highest-rated proposers presented before the Selection Committee and upon final evaluation by the Selection Committee, PharmScript was rated the highest; and

WHEREAS, under the proposed agreement PharmScript will provide pharmacy services for the System's five post-acute care facilities, implementation to occur in phases over the next three years; and

WHEREAS, PharmScript's services will include providing prescription and non-prescription medications, intravenous infusions, supplies used to administer medications, and third party billing and collections; and

WHEREAS, the System will separately contract with an independent consultant to meet NYS Department of Health and CMS Regulations requiring pharmacy-review services; and

WHEREAS, the proposed agreement for PharmScript's services will be managed by the Senior Vice President for Post-Acute Care.

NOW THEREFORE BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute an agreement with PharmScript, LLC to provide pharmacy services for the System's five post-acute care facilities with a term of three years with two one-year options to renew solely exercisable by the System and with total amount over the combined five-year term not to exceed \$16,723,402 to pay PharmScript for patients with no insurance.

**EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH PHARMSCRIPT, LLC**

BACKGROUND: The purpose of the proposed agreement is to align the System's skilled nursing facilities with national industry pharmacy models by improving and professionalizing the provision of prescription and non-prescription medications to long term care patients. Conversion to this new model will improve quality, safety and support constant ongoing compliance with state and regulatory compliance. Additionally the System will reduce its costs for such services.

Skilled nursing systems across the country have implemented a similar model to that proposed with a focus on quality control measures and cost savings.

PROCUREMENT: The System issued a Request for Proposals on October 3, 2017. A mandatory pre-proposers conference was held on October 20th, 2017, which five prospective vendors attended. Four proposals were received, evaluated and scored. The two highest rated proposers were invited to present before the Selection Committee. Vendor presentations were held on November 6th, 2017, followed by a final evaluation and scoring. Through this process the Selection Committee evaluated the proposals and presentations on the basis of the proposed pharmaceutical services, regulatory quality and performance improvement responsibilities, previous experience, and cost. PharmScript was selected on these criteria.

The satisfaction of NYS Department of Health and CMS Regulations requiring pharmacy-review services will be separately contracted by the System so as to ensure an independent performance of the function.

BUDGET: The cost of the proposed agreement will not exceed \$16,723,402 over the full five year term. The costs consist of the System's projected payments to cover services to long term care patients who cannot be qualified for insurance and the cost of a third-party consultant for drug regimen reviews. The total amount has been budgeted and signed off by the Central Finance.

TERM: The term of the proposed agreement is three years with two one-year options to renew solely exercisable by the System.

CONTRACT FACT SHEET
New York City Health and Hospitals Corporation

Contract Title: Pharmacy Services
Project Title & Number: DCN 2281- Pharmacy Services
Project Location: Central Office
Requesting Dept.: Post-Acute Care

Successful Respondent: PharmScript, LLC

Contract Amount: \$16,723,402

Contract Term: Three years with two one year options to renew

Number of Respondents: Four
(If Sole Source, explain in Background section)

Range of Proposals: n/a

Minority Business Enterprise Invited: Yes No
If no, please explain: n/a

Funding Source: General Care
 Capital
 Grant: explain
 Other: explain

Method of Payment: Time and Rate
 Other: explain Vendor will bill H+H monthly for medications provided to those residents under a Medicare Part A stay, Uncompensated

EEO Analysis: Complete

Vendex Clearance: Complete

(Required for contracts in the amount of \$100,000 or more awarded pursuant to an RFP, NA or as a Sole Source, or \$100,000 or more if awarded pursuant to an RFB.)

CONTRACT FACT SHEET

Background (include description and history of problem; previous attempts, if any, to solve it; and how this contract will solve it):

The purpose of this agreement is to align the System's skilled nursing facilities with national industry pharmacy models. Conversion to this new model will improve quality, safety and support constant ongoing compliance with state and regulatory compliance. Additionally Health +Hospitals will see financial benefits through this improvement.

Skilled nursing systems across the country have implemented a similar model on the above mentioned with a focus on quality control measures and significant cost savings.

Contract Review Committee

Was the proposed contract presented at the Contract Review Committee (CRC)? (include date):

The proposed contract was presented at the Contract Review Committee and approved on October 3, 2017.

Has the proposed contract's scope of work, timetable, budget, contract deliverables or accountable person changed since presentation to the CRC? If so, please indicate how the proposed contract differs since presentation to the CRC:

- Revise verbiage referenced page 11, SECTION IV: STATEMENT OF WORK, Subsection D (i): Other Requirements, to state vendor shall comply with all requirements of local, state and federal laws and regulations including HIPAA, The Joint Commission, and the New York State Department of Health to support a Methadone clinic in one of its post-acute facilities.
 - Furnish the H+H representative who will track vendor to ensure registration and compliance with ION vendor credentialing program "Vendormate".
-

Selection Process (attach list of selection committee members, list of firms responding to RFP or NA, list of firms considered, describe here the process used to select the proposed contractor, the selection criteria, and the justification for the selection):

NYC Health and Hospitals issued a Request for Proposals on October 3rd, 2017. A mandatory pre-proposers conference was held on October 20th, 2017 in which five prospective vendors attended. Four proposals were received, evaluated and scored to identify the two highest rated proposers; and to be invited to present before the selection committee. Vendor presentations were held on November 6th, 2017, followed by a final evaluation and scoring. Through this process the selection committee evaluated the proposals and presentations on the basis of the proposed pharmaceutical services, regulatory quality and performance improvement responsibilities, previous experience, and cost.

CONTRACT FACT SHEET

Scope of work and timetable:

Scope

- Provision of all pharmacy supplies including but not limited to prescription and non-prescription medications, intravenous infusions, supplies used to administer medications and emergency medications
- Consultant services requirements to meet NYS Department of Health and CMS Regulations
- Equipment, supplies, medication returns and all governmental and private insurance billing and collections

Timetable

- FY 18 roll out in February 2018 to only Coler and McKinney
 - FY 19 Remaining 3 SNFs at 80%
 - FY 20-22 All facilities at 100%
-

Provide a brief costs/benefits analysis of the services to be purchased.

- PharmScript, LLC will take the efficiencies of economies of scale and invested in support services and resources for its clients. It would not be practical for an individual, smaller organization to invest in these services and resources.
 - The IT department that supports areas, such as, billing, clinical and operational aspects of the pharmacy requires an enormous commitment and investment in hardware and software. In addition, the constant upgrading and updating of these systems can only be viable with highly paid and highly skilled staffing
 - PharmScript, LLC is a LTC specialized pharmacy vendor with industry experts in long term care and pharmacy billing who understand the third party plans, managed care HMO billing, and Medicaid billing practices.
 - PharmScript, LLC has assigned dedicated billers who will become familiar with the patient population and work to ensure we are billing all appropriate parties.
 - Have a separate department that handles prior authorizations and they are intimately familiar with all of the nuances associated with each of these plans.
 - PharmScript, LLC is able to contract with many more third party payers thus reducing the amount of charges absorbed by H+H
 - Additionally Health +Hospitals will see financial benefits through this improvement.
-

Provide a brief summary of historical expenditure(s) for this service, if applicable.

Pharmacy services in the H+H Post-acute/long term care setting is provided in-house with an average annual cost of \$21 million. This is inclusive of labor, pharmaceuticals and other expenses.

CONTRACT FACT SHEET

Provide a brief summary as to why the work or services cannot be performed by the Corporation's staff.

H+H does not have the infrastructure to keep up with state and national post acute pharmacy standards. The LTC pharmacy solution will provide eMar, eMedical storage, ePrescribing, Part A Cost reduction, HIPAA compliant text messaging communication, Part D maximization, waste management to name a few. The new pharmacy provides services 24 hours/day, 7 days/week including holidays. Current on-site service is M-F 9-5. The LTC pharmacy company provides services in multiple states and is able to develop metrics and share best practice based on national benchmarks. improve regulatory compliance through on-going medication pass observations, nursing documentation training and monitoring, dose reduction, post-acute state and national benchmarking, utilization/medication error rate comparison, physician data/prescribing analytics, physician and nurse training on IV and TPN, etc. These will become standard services that will be done for the entire service line. Seamless interface of new PAC EMR in future state will be part of this integration.

<i>Will the contract produce artistic/creative/intellectual property?</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<i>Who will own it?</i>	n/a
<i>Will a copyright be obtained?</i>	n/a
<i>Will it be marketable?</i>	n/a
<i>Did the presence of such property and ownership thereof enter into contract price negotiations?</i>	n/a

Contract monitoring (include which Senior Vice President is responsible):

Central Post Acute Care and Corporate Finance will be responsible to manage the vendor's performance, contract management, billing and payments.

Equal Employment Opportunity Analysis (include outreach efforts to MBE/WBE's, selection process, comparison of vendor/contractor EEO profile to EEO criteria. Indicate areas of under-representation and plan/timetable to address problem areas):

Received By E.E.O. 11/30/2017
Date

Analysis Completed By E.E.O. 11/30/2018
Date

Keith Tallbe
Name


Signature

32184

Keith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services

TO: Mitchell Jacobs, Director
Procurement Systems/Operations
Division of Materials Management

FROM: Keith Tallbe *KT*

DATE: November 20, 2017

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **PharmScript LLC**, has submitted to the Supply Chain Services Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Corporate-wide

Contract Number: _____

Project: Management of Pharmacy Services

Submitted by: Division of Materials Management

EEO STATUS:

1. Approved
2. Approved with follow-up review and monitoring
3. Not approved
4. Approved Conditionally - Subject to EEO Committee Review

COMMENTS:

KT/srp

Post-Acute Care Pharmacy Services

BOARD OF DIRECTORS MEETING
February 22, 2018

Maureen McClusky, FACHE

Senior Vice President, Post-Acute Care

Khoi Luong, DO

Chief Medical Officer, Post-Acute Care



Overview:

- NYC Health + Hospitals seeks to enter into a 3-year contract (plus two one-year options solely exercisable by the System) with PharmScript to provide all pharmaceutical services at its post-acute care facilities including: Carter, Coler, McKinney, Gouverneur and Sea View
 - Align H+H post-acute Skilled Nursing Facilities with national industry standards
 - According to NYS DOH of the 175 Skilled Nursing Facilities (SNF) listed, only 16/175 (9.1%) had in-house pharmacies of which 5/16 (31.2%) were H+H pharmacies.
 - Improve quality and safety
 - Improve regulatory compliance
 - Seamless interface of new PAC EMR in future state
 - The total budget will be \$16,723,402 as approved by Corporate Finance
 - The costs associated with this contract are limited to costs for patients without insurance or only Medicare Part A, and for an independent reviewer for drug regimen reviews to meet NYS DOH regulations. <https://regs.health.ny.gov/content/section-41518-pharmacy-services>
 - (a) The facility shall provide pharmaceutical services and develop and implement policies and procedures that assure the accurate acquisition, receipt, dispensing and administering of all drugs and biologicals required to meet the needs of each resident. The facility shall provide routine and emergency drugs and biologicals directly to its residents, or obtain them under a contract as described in section 400.4 of Part 400 of this Subchapter. The facility shall be licensed under Article 33 of the Public Health Law and Part 80 of this Title.
 - (b) Service consultation. The facility shall employ or obtain the services of a registered pharmacist who:
 - (1) provides consultation on all aspects of the provision of pharmacy services in the facility;



Overview:

- Services include:
 - Onsite licensed pharmacist and pharmacy technicians, w/ 24 hr. clinical support
 - Provision of all pharmacy supplies and medications
 - Federal and state regulatory affairs
 - State survey preparedness
 - Medication pass observations
 - Physician and nursing documentation training and monitoring
 - Equipment, supplies, medication returns, and governmental and private insurance billing and collections
- Additionally, Health + Hospitals will benefit financially through this by being able to move pharmacy staff into vacant and approved positions across the System, avoiding the need for expensive overtime, per diem, or agency personnel and overall lower costs for medications for the uncompensated.
- Health + Hospitals will separately contract with a 3rd party for an independent monitoring of patient drug regimens in compliance with NYS Dept of Health regulations.



Added Value Enhancing Services

- Clinical and Formulary Program Development and Management
- Certified Geriatric Expertise in Long Term Care Medicine
- Medicare Specialist
- Clinical Drug Safety, Therapeutic Interchanges and Therapeutic Dose Monitoring
- Antibiotic Stewardship
- Disease State Management- Diabetes, CHF, Anticoagulation
- Judicious Opioid Prescribing
- Total Parenteral Nutrition
- IV Insertion Assists and Nurse Certification
- Physician Data/Prescribing Analytics
- 24 hour clinical support
- Daily multiple medication deliveries (including holidays, off-shift and weekend)
- Automated dispensing (1st dose, off hours and stat orders)
- PharmScript Connect HIPPA compliant two-way texting
- Secure web-based portal (clinical and cost reports/e-voices electronic reordering)
- Admission Alert program
- Prior Authorization Process
- Medication Bar Coding
- Interdisciplinary participation and Pharmacy and Therapeutic participation
- Quality measures
 - Post acute cross division comparative study
 - State and national benchmarking



Procurement / Performance Management/ FDA Warning Letter:

Procurement: Following approval from the Contract Review Committee, the Office of Supply Chain Services issued a Request for Proposals on October 3, 2017. A Committee of Health + Hospitals' clinicians and administrators selected PharmScript.

Performance Management: Central Post Acute Care, Quality, and Corporate Finance, AVP of Pharmacy, site CEO and site CMO will be responsible to manage the vendors performance, contract management, billing and payments, quality and safety. PharmScript will provide monthly reports to each facility CEO and Chief Medical Officer. Quarterly reports will go the Corporate Clinical Director and Corporate Pharmacy Services.

Discovery and Investigation of FDA warning letter: After our initial M&PA presentation but before our scheduled January presentation to the Board, we learned the FDA had issued a warning letter to PharmScript. We paused our Board process to investigate. We found:

- The warning letter concerned medical compounding for medications and sterile solutions that require preparation on site.
- Medical compounding is an area of heightened scrutiny nationally since an outbreak of meningitis in a MA compounding lab several years ago. Many warning letters have been sent.
- PharmScript had been provided tainted sterile solution from a third party supplier. Upon discovery, PharmScript terminated its relationship with the third party supplier and voluntarily self-reported to the FDA.



Discovery and Investigation of FDA Warning Letter:

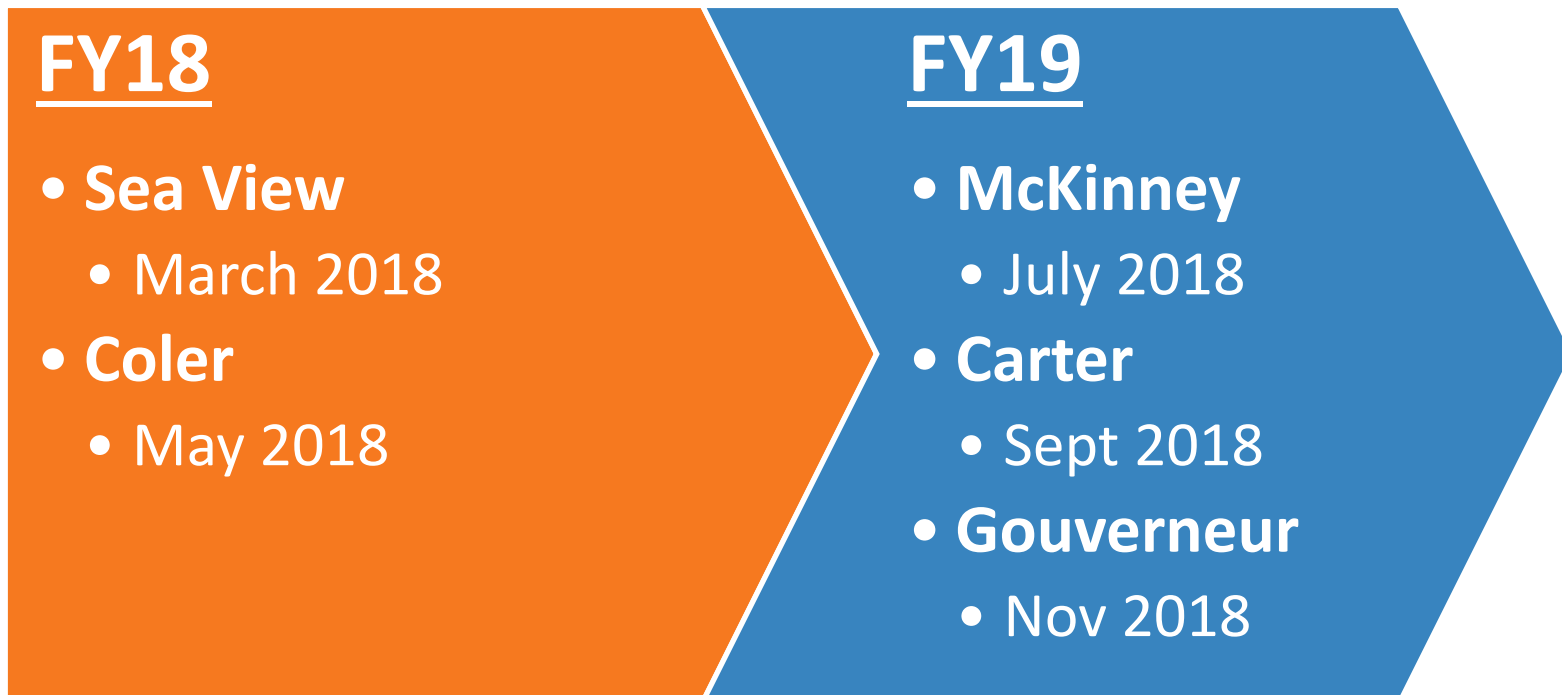
- FDA inspected the PharmScript operation and found sterile mixture being compounded in an unsterile environment.
- PharmScript voluntarily stopped supplying compounded meds and sterile solutions while it installed a state-of-the-art clean room.
- The NJ Board of Pharmacies (with jurisdiction) inspected and approved resumption of compounding.
- PharmScript added a senior QA executive and engaged the same recognized national consultant as H+H has used to guide its safety/quality procedures and to conduct quarterly quality reviews.
- Per the proposed contract, H+H will get copies of the quarterly quality reviews and will have the right to source compounded medications and sterile solutions from a 3rd party supplier if not satisfied with quality.
- Our Pharmacy and Regulatory leads made a site visit to the PharmScript. They were impressed by the sophistication and cleanliness of the facility and the staff commitment to compliance.
- We confirmed that other large health systems in the area have continued to use PharmScript because of its satisfactory response to the FDA warning letter.
- We have taken steps to intensify our quality oversight of any contracts for medical services and products, creating an interdisciplinary governance mechanism and adding provisions to our contracts to ensure that we have access to data, the right to inspect facilities, etc.



Appendix A: Implementation Rollout Schedule

(Note since the M&PA presentation of this matter, Sea View was moved to the front of the schedule as it was determined that it would most dramatically benefit from the conversion)

- **Timeline: 4-12 week implementation (contingent upon the facility size)**



Appendix B: Projected Expense Budget by Facility

Fiscal Year/Phase	Coler	McKinney	Carter	Gouverneur	Seaview	Total
FY18/Phase I	\$682,539	\$193,755	-	-	-	\$876,295
FY19/Phase II	\$1,638,095	\$465,012	\$908,823	\$425,303	\$166,721	\$3,603,954
FY20/Phase III	\$1,638,095	\$465,012	\$1,136,029	\$531,629	\$208,401	\$3,979,166
FY21	\$1,636,573	\$465,012	\$1,290,378	\$531,629	\$208,401	\$4,131,993
FY22	\$1,636,573	\$465,012	\$1,290,896	\$531,629	\$208,401	\$4,131,994
Total	\$7,231,874	\$2,053,804	\$4,626,127	\$2,020,190	\$791,924	\$16,723,402

- These expenses reflect cost associated to any resident that the vendor is unable to bill a third party: Medicare Part A stay, uncompensated or resident with no billable insurance source
- Overall lower medication cost with ability to credit and return unused medications. Low likelihood of exceeding total projected cost due to formulary management



APPENDIX C: Projected Savings by Facility

Fiscal Year/Phase	Coler	McKinney	Carter	Gouverneur	Seaview	Total
FY18/Phase I	\$1,069,643	\$217,586	-	-	-	\$1,287,229
FY19/Phase II	\$2,567,143	\$522,207	\$5,530,130	\$985,657	\$607,344	\$10,212,481
FY20/Phase III	\$2,567,143	\$522,207	\$6,912,662	\$1,232,072	\$759,180	\$11,993,264
FY21	\$2,567,143	\$522,207	\$6,758,495	\$1,232,072	\$759,180	\$11,839,098
FY22	\$2,567,143	\$522,207	\$6,758,495	\$1,232,072	\$759,180	\$11,839,098
Total	\$11,338,216	\$2,306,414	\$25,959,782	\$4,681,873	\$2,884,884	\$47,171,169

