

NASSAU HEALTH CARE CORPORATION

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BOARD OF DIRECTORS/EXECUTIVE COMMITTEE

MEETING

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Nassau University Medical

Center

2201 Hempstead Turnpike

East Meadow, New York

September 7, 2016

5:57 p.m.

REPORTED BY:

Angela Arena

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A P P E A R A N C E S :

BOARD OF DIRECTORS/EXECUTIVE COMMITTEE
MEMBERS PRESENT:

Michael Mirotznic, Esq. -
Chairman of the Board
Warren Zysman, LCSW - Board
Member
Linda Reed, Board Member
Steven Cohn, Esq. - Board Member
Michael M. DeLuca, MPA - Board
Member
Giuseppe Caruso, MD - Board
Member
Victor A. Gallo, MD - Board
Member
David J. Sussman, MD - Board
Member
Russell Caprioli, DPM, FACFAS -
Board Member
Victor Politi, MD - President/CEO
Jemma Marie-Hanson, RN - Board
Member
Frank Saracino - Board Member

ALSO PRESENT:

Beatriz Fuschetto - Executive
Assistant to the Board of
Directors
Megan Ryan, Esq. - EVP/Chief
Compliance Officer
Craig Rizzo, Esq. - Special
Assistant to NHCC
John Ciampoli, Esq. - General
Counsel to the Board of Directors
Maureen Roarty - EVP of Human
Resources
Ken Kessler - Human Resources
Robert Tepper, Esq. - Office of
Legal Affairs
Elizabeth Faughnan, Esq. -
Office of Legal Affairs
Louis Imbrotto, Esq. - Office of

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2 Gerald Wright, Esq. - Office of
Legal Affairs
3 Barbara Van Riper, Esq. - Office
of Legal Affairs
4 Robert Heatley - EVP Business
Development and Ambulatory
5 Services
Ann Marie Studdert - Director
6 of Intergovernmental Affairs
Shelley Lotenberg - Director of
7 Public Affairs
Victor Scarmato, MD, MBA, FACR -
8 Acting Chief Medical Officer
John Maher - EVP/CFO
9 Glenn Faust, MD - Chairman of
Surgery
10 Maureen Hutcheon, LMSW, MPA -
Administrator, Surgery
11 Paul Mustacchia, MD - Chairman of
Medicine
12 David Nemiroff - NQP
Anne Salvo, RN - Assistant
13 Hospital Director
Anthony Boutin, MD, FACEP -
14 Chairman of Emergency Department
Nyapati Rao, MD, MS - Chairman of
15 Psychiatry
Michael Ferrandino - VP Security
16 and Investigative Services
Laurie Ward, MD, FACP - VP
17 Ambulatory Services
Christine Mancuso, RN, BSN -
18 Nurse Manager for the Breast
Center
19 Karen G. Leslie, Esq. - Office of
Sponsored Research
20 Lyn Weiss, MD - Chair of PMNR
Annabelle Lui-Pancho - Medical
21 Technician
Maureen Shannon, RN, MHA, CPHQ -
22 VP of Quality Management
Judith Eisele-LaPlante, RN -
23 Administrator
Kathy Skarka, RN, MSN, CNA - EVP
24 Patient Care Services
Karen McGlynn, RN - Deputy Chief
25 Nursing Officer

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OB/GYN
Kevin Mannle - VP of Facilities
Timothy Sullivan - VP of Finance
Vincent DiSanti - Senior Vice
President Revenue Cycle
Management
Frank Intagliata
Charles Ruotolo, MD - Chairman of
Orthopedics
Michael Gatto - VP Care
Transitions

1 September 7, 2016

2 MR. MIROTZNIK: Good evening,
3 ladies and gentlemen. Thank you all
4 members of the Board and hospital
5 personnel. This is a nice turnout
6 tonight. I'm happy that we have -- we
7 are shy one board member.

8 MS. FUSCHETTO: We still have a
9 quorum, though. We have a full board.

10 MR. MIROTZNIK: Mr. Tepper, do
11 you have any objection with the court
12 reporting?

13 MR. TEPPER: I'm told we have a
14 signed contract so there will be no
15 problem.

16 MR. MIROTZNIK: Has anyone seen
17 it?

18 MS. VAN RIPER: I have the
19 contract from the vendor signed and I
20 witnessed Dr. Politi sign it.

21 MR. MIROTZNIK: Great. So we are
22 acting in accordance with all rules,
23 regulations, Mr. Tepper?

24 MR. TEPPER: Yes.

25 MR. MIROTZNIK: Motion to call to

1 September 7, 2016

2 order the Nassau Healthcare Corporation
3 Executive Committee meeting of
4 September 7th, 2016? Second,
5 Mr. Zysman. All in favor? Unanimous.
6 Thank you.

7 This is a full board meeting. I
8 have a few brief comments. First of
9 all, I know that we made a quick
10 dedication at our contracts meeting.

11 For those of you that don't know,
12 we did have a counsel to the board for
13 a very short period of time until he
14 had to resign because of his illness
15 that got the best of him and he passed
16 a week and change ago, Frank Doddato.
17 So may his memory be for a blessing.

18 He was a wonderful human being, a
19 wonderful attorney and a great person.
20 He will be sorely missed.

21 On a lighter note, I wish, on
22 behalf of the board, to congratulate
23 our CEO for his son's upcoming
24 nuptials, and as we say, Mazel Tov to
25 Dr. Politi and his family.

1 September 7, 2016

2 DR. POLITI: Thank you.

3 MR. MIROTZNIK: We have some
4 other good news. We have identified
5 and with the approval of this board
6 this evening, the compensation
7 committee has met and we have
8 identified a new counsel to this board,
9 John Ciampoli, who is with us today and
10 is worthy of a round of applause.

11 He is a wonderful attorney. He
12 is well-known throughout the State of
13 New York and I think he will serve our
14 board and our members very well.

15 (Applause.)

16 MR. MIROTZNIK: Mr. Zysman, any
17 comments, concerns?

18 MR. ZYSMAN: Very excited to have
19 you here, John. So looking forward to
20 taking a vote on you later tonight.

21 MR. CIOTTI: I'm happy to be
22 here, excited to be here. I look
23 forward to the challenges and to
24 working with all of you.

25 MR. MIROTZNIK: Great. If the

1 September 7, 2016

2 vote goes your way, you can tell
3 everybody a little bit about yourself,
4 about Mr. DeLuca's personality,
5 Mr. Cohn.

6 MR. CIOTTI: Do we have enough
7 time for that?

8 MR. MIROTZNIK: Dr. Politi,
9 report of our CEO?

10 DR. POLITI: I wish everyone had
11 a good summer. Labor Day is here, kids
12 are back at school. We should have a
13 nice autumn.

14 We have been hitting historical
15 highs in our census over the last
16 couple of months, continually holding a
17 very high, over 400 beds, occupancy
18 rate and an increase in our case mix as
19 well.

20 So we have been seeing not only
21 more patients, but sicker patients in
22 the hospital in it's entirety. That's
23 my report and Mr. Chairman, thank you
24 about Mr. Doddato. He was here for a
25 very short period of time, but he

1 September 7, 2016

2 certainly made a very lasting
3 impression and he was truly a
4 hardworking gentleman who will be
5 missed.

6 We had a hurricane, tropical
7 storm Hermine, over the last weekend.
8 Our team again came together a day
9 before, Friday, and instituted a
10 72-hour plan with Mike Ferrandino and
11 enlisted the help of the chair of
12 nursing, and housekeeping, and
13 engineering, to be prepared for the
14 storm.

15 Luckily nothing really came out
16 of it, but it's good to know that we
17 were prepared in case a storm does hit
18 in the future, as we are approaching
19 hurricane season towards the end of
20 September and October. Remember Sandy
21 didn't hit until Halloween, I believe,
22 so it was a late storm.

23 So we always have to be prepared.
24 We were the major location during
25 Hurricane Sandy. The DMAT team was

1 September 7, 2016

2 here. We were high and dry. We had
3 received the patients from Long Beach
4 Hospital, from nursing homes in
5 low-lying areas, and we intend to be
6 prepared to do that in the future if
7 called upon for that.

8 A couple things to remember. We
9 have our ribbon cutting for our primary
10 care on September 27th at 11:00 a.m.
11 and county executive should be here for
12 that as well, and the members, the
13 media. All the members of the board
14 are invited as well as all the
15 employees of the hospital and members
16 of the hospital.

17 We also have our dinner gala on
18 September 30th at Cradle of Aviation,
19 so everybody should be looking in to
20 try and get some time to come to that
21 gala. Last year it was a really great
22 event, great food, great people. We
23 really had a great time.

24 Hopefully the members of the
25 board will come and join us on this

1 September 7, 2016

2 one. It was a really great time.

3 Last but not least, I'd like to
4 welcome Mr. John Ciampoli to the staff.

5 I have known John for many years,
6 really a hardworking and learned
7 attorney, someone that I know will be
8 excellent in the board, and someone
9 that we can go to for some really great
10 advice. So John, welcome, and it's
11 good to see you again.

12 That's my report, Mr. Chairman.

13 Thank you.

14 MR. MIROTZNIK: Mr. Cohn -- sorry
15 to interrupt you.

16 MR. COHN: I will ask for
17 approval of the public minutes from
18 6/10/16, 6/13/16 and 6/22/16 and the
19 executive session minutes from 6/22 and
20 all action recommendations called for
21 therein. Second?

22 MR. ZYSMAN: Second.

23 MR. COHN: All in favor?
24 Unanimous. Thank you. Other than
25 that, I have nothing else to report.

1 September 7, 2016

2 MR. MIROTZNIK: Thank you,
3 Mr. Cohn. Ms. Reed?

4 MS. REED: Thank you. I need the
5 approval of the minutes of 7/26/2016
6 for the MPAC Committee. Can I have a
7 motion, please? All in favor?

8 MR. MIROTZNIK: Second.

9 MS. REED: Unanimous. At this
10 time, Maureen Shannon, are you going to
11 do --

12 MS. SHANNON: Yes.

13 MS. REED: We have to do a very
14 short presentation of the NUMC
15 Performance Improvement and Safety Plan
16 annual evaluation. So Maureen is going
17 to do that now. Thank you, Maureen.

18 MS. SHANNON: Sure. Hopefully
19 you all received a copy of the CD,
20 which was in your packet. As you know,
21 it is extremely comprehensive, I'm
22 sorry. I sit every year with a list of
23 what is required for board from CMS and
24 TJC and I literally go down from that.

25 So, very, very briefly, though,

1 September 7, 2016

2 what I would just like to highlight in
3 that entire 252-page report is NUMC and
4 the relationship between our quality
5 program and reimbursement.

6 This is put under what is called
7 the QBPR, which is the Quality-Based
8 Payment Reform Initiative. That
9 initiative has three components that
10 directly affect NUMC and our
11 reimbursement.

12 The first is value-based
13 purchasing. That's the one you're here
14 the most about. It's also the most
15 difficult to understand, but basically
16 value-based purchasing reimburses a
17 hospital for their performance.

18 Suddenly it's the quality, the care we
19 provide, rather than the quantity.

20 They use an extremely difficult
21 methodology to look at it. Certain
22 components are weighted, things like
23 patient satisfaction, which we will be
24 talking about very briefly, our core
25 measures, our mortalities, and our

1 September 7, 2016

2 outcomes.

3 Every year CMS determines the
4 different weights of this program and
5 you need to know that for this last
6 year, NUMC actually lost \$150,000.
7 This is a pay for performance program.
8 You put money in on the pool, you can
9 earn back this money, you can lose that
10 money. You could also earn another
11 hospital's money.

12 We lost \$148,000. As I said,
13 that is exactly what the national level
14 is, is \$150,000 negative, which is what
15 every hospital is showing.

16 When you do the drill down, our
17 quality of care outcomes were in the
18 upper decimals. The issue was that our
19 patient satisfaction was in the
20 absolute lowest decimal. We were at
21 one percent and that's what accounted
22 for that \$148,000.

23 Additionally, patient
24 satisfaction, of that \$148,000,
25 accounted for \$110,000. So you can see

1 September 7, 2016

2 how close we would have been to
3 breaking even, or actually getting
4 money, all right?

5 At this point Judy or Kathy has
6 had some initiatives for patient
7 satisfaction. We're slowly getting to
8 tip the scale.

9 MS. REED: Thank you. Judy?

10 MS. EISELE-LAPLANTE: As
11 everybody knows, or doesn't know, we
12 participate in HCAP, which is a mandate
13 by CMS. What it focuses on is the
14 patient care experiences.

15 It deals with communication with
16 doctors, communication with nurses,
17 responsiveness of hospital staff,
18 cleanliness and quietness of the
19 hospital, pain management,
20 communication about medications,
21 discharge instructions and care
22 transitions.

23 Prior to 2015 our methodology for
24 sending out those surveys was by mail.
25 After November of 2015 our methodology

1 September 7, 2016

2 changed and we went to phone surveys.

3 I would like to say with the change in
4 methodology we have had a 41 percent
5 increase in responses to the surveys,
6 which has helped us.

7 We also, in April or May of 2015,
8 started initiatives here at the
9 hospital, and what we created was a
10 triad. The triad consists of an
11 administrator, nursing leadership, and
12 the chairman of the department. With
13 these triads, they were in charge of
14 their units. I'm going to pass it off
15 to Kathy to talk about that.

16 MS. REED: Thank you.

17 MR. COHN: I would like to just
18 ask a question before. We were in the
19 lowest percentile and you said that
20 there was improvement and we started in
21 February of 2015.

22 The survey that was taken that
23 resulted in us losing \$110,000 for
24 patient satisfaction, was taken when,
25 in what period of time?

1 September 7, 2016

2 MS. SHANNON: That was based on
3 fiscal year 2015. However, the
4 baseline period of patient satisfaction
5 was 2013. So it's that far behind.

6 What we put in today, we will not
7 see in value-based purchasing for
8 approximately four years.

9 MR. COHN: For four years?

10 MS. SHANNON: Four years.

11 MR. COHN: So we're going to take
12 a beating for the next three that we
13 know of?

14 MS. SHANNON: Yes. Again, with
15 their methodology, you do get points
16 for improvement and since we're at the
17 one percent, we will get some increases
18 with that.

19 MS. EISELE-LAPLANTE: We went to
20 two percent.

21 MR. MIROTZNIK: Dr. Sussman?

22 DR. SUSSMAN: We lost \$148,000.
23 In that number, how much could have we
24 gained and how much could we have lost?

25 MS. SHANNON: The amount, that is

1 September 7, 2016

2 put into that program and off of a
3 pool, okay? It's a percentage of our
4 DRGs. It's two percentages of our DRGs
5 Medicare keeps aside and then a
6 hospital earns it back, loses it, or in
7 theory could earn North Shore's money.

8 We could have regrouped somewhere
9 in the neighborhood of about \$250,
10 \$300,000 for fiscal year 2015.

11 DR. SUSSMAN: How much could we
12 have lost?

13 MS. SHANNON: \$250,000. It's the
14 amount that's on that table. You also
15 need to know, though, VBP is just one
16 of three programs.

17 There is the HARP Program, which
18 is our readmissions. That's a penalty
19 program. That money goes in, okay, and
20 CMS doesn't use that money. You can't
21 recoup it.

22 So based on what our readmission
23 rate was, we also lost the component.
24 Ultimately, there is the HARCP,
25 Hospital-Acquired Condition. That's

1 September 7, 2016

2 the only program that we stay even
3 with. We didn't lose, we didn't gain.

4 DR. SUSSMAN: Approximately, I
5 know this is hard, our response, which
6 is the phone surveys rather than the
7 mail surveys, and creating a triad, how
8 much does that cost us a year to do,
9 the change?

10 MS. EISELE-LAPLANTE: I don't
11 understand the question.

12 MR. ZYSMAN: Going from paper to
13 phone call, is there any cost change or
14 is the cost neutral for Press Ganey?

15 MS. EISELE-LAPLANTE: It wound up
16 being \$17 a phone call, a completed
17 survey, which I don't recall the price
18 of the paper survey, and I do
19 apologize.

20 But what's nice about it is Press
21 Ganey, with the paper survey, would
22 send out the survey, wait a certain
23 point, and send out another survey.

24 By going to the telephone call,
25 they are required to give us 600

1 September 7, 2016

2 completed surveys, where we didn't have
3 that before.

4 They weren't required to have
5 completed surveys. So now they are
6 required to get us 600 completed
7 surveys.

8 DR. SUSSMAN: So the cost is \$17
9 times 600? Is that all or are we
10 making 20,000 calls?

11 MS. EISELE-LAPLANTE: The
12 contract for the year is \$83,000,
13 approximately, but don't forget --

14 MR. ZYSMAN: We changed from
15 paper to telephone why?

16 MS. EISELE-LAPLANTE: Because of
17 our response rate and we wanted to try
18 a different methodology because we were
19 on the bottom. We were a one and we
20 went up to the second percentile.

21 We are slowly getting there and
22 as I said before, we were not getting
23 the responses back.

24 MR. ZYSMAN: The response rate
25 with some of these other activities

1 September 7, 2016

2 that may be going on, there has been
3 improvement?

4 MS. EISELE-LAPLANTE: 41 percent
5 improvement in response rate.

6 MR. ZYSMAN: There has been an
7 improvement in scoring as well, right?

8 MS. EISELE-LAPLANTE: Yes.

9 MR. ZYSMAN: From what, one
10 percent to two percent?

11 MS. SHANNON: Deciles.

12 MR. ZYSMAN: Seems like there is
13 still a lot of work to be done, but the
14 change of this seems to have been
15 helpful.

16 How much would we have lost if we
17 didn't go up from one percent to two
18 percent?

19 MS. SHANNON: I don't know. What
20 we would lose would be the improvement
21 component, which is a percentage of all
22 hospitals' DRG. I don't have an
23 exact --

24 MR. ZYSMAN: But the movement was
25 helpful to us?

1 September 7, 2016

2 MS. SHANNON: Yes.

3 MR. ZYSMAN: How much has it been
4 quantified?

5 MS. SHANNON: According to Gather
6 New York, the estimates, these are
7 estimates for next fiscal year, is
8 instead of a loss, we would have gone
9 down \$50,000.

10 So it's our gain, that extra
11 \$50,000. We're still in the record,
12 but it appears to be plus 50.

13 MR. COHN: Do we have any
14 indication of what our present scores
15 are, the current level of performance
16 that we have? Has it improved our
17 surveys?

18 Not that we are going to see a
19 result of it for four more years, but
20 do we know, has our approval rate gone
21 down?

22 MS. SKARKA: I would like to
23 share with you something, if I may, a
24 one-pager. We did a snapshot of second
25 quarter of 2015 to second quarter of

1 September 7, 2016

2 2016.

3 It's a one-page snapshot and we
4 focused on the questions that were the
5 biggest bang for the buck, the rate of
6 the hospital, which we are handing out,
7 nurses listen carefully to you,
8 responsiveness of staff, call button
9 help as soon as you needed it, help
10 toileting, doctors listening carefully
11 and pain well-controlled.

12 So what you see in front of you
13 is the ends are off to the left, the
14 questions are up on top in bold. If
15 you look at the middle column, which is
16 the New York City, you have all of
17 Press Ganey New York City and LI here.

18 Numbers in the middle show the
19 best improvement for us. If you can
20 see, for the top score for the top
21 question we went from 3 to 10; for the
22 nursing we went from 1 to 16; for
23 responsiveness, 1 to 11; call button, 1
24 to 7; toileting, 1 to 19; doctors, 1 to
25 20; pain, 1 to 6.

1 September 7, 2016

2 MR. COHN: So we have the --

3 MS. SKARKA: That's the ranking.

4 MR. COHN: So the triad system
5 seems to be working?

6 MS. SKARKA: Yes. We did the
7 triads in 2015 and we also engaged in a
8 contract company called Boost, for
9 those of who you might recall, you
10 approved the contract for us.

11 We are utilizing a company to
12 help round with us and to initiate
13 other projects on pain management,
14 purposeful rounding.

15 We implemented a no-pass zone,
16 which there is even commercials about
17 Northwell Health doing that. So we
18 implemented that and she's held a lot
19 of boot camps for my nurse managers, so
20 we think all that has helped.

21 MR. COHN: Have we shared this
22 with our managers in charge of the
23 triad?

24 MS. SKARKA: Absolutely. What
25 we're doing now is celebrating. Harold

1 September 7, 2016

2 McDonald will come and we will do a
3 little thank you, great job, to the
4 ones that improved the best, and the
5 ones with the top score, the units.

6 MR. COHN: I would like to pass
7 from the Board, because I'm sure my
8 fellow board members would support it,
9 a thank you from the Board, because
10 that is an area that we were solely
11 lacking any quality as our standings
12 show, and it's really nice to see it
13 going up. So thank them on behalf of
14 the board, please.

15 MS. SKARKA: Thank you,
16 appreciate your time.

17 MR. MIROTZNIK: Thank you,
18 Maureen. Thank you, Kathy.

19 MS. MARIE-HANSON: Question. How
20 are we doing related to our
21 nurse-patient ratios within the
22 hospital and how is that impacting
23 these scores as we see them?

24 MS. SKARKA: Luckily for us, this
25 year, 2016, we were able to hire into

1 September 7, 2016

2 all our vacancies, which is a
3 continuous thing, as you know.

4 MS. MARIE-HANSON: I understand.

5 MS. SKARKA: We are now at a
6 one-to-two ratio in the ICUs across the
7 board. In fact, it is a mandate for
8 the trauma, so it's high, high level of
9 importance.

10 On the units we go for
11 one-to-eight ratio, and the same for
12 PCAs and, you know, it's give and take
13 a little bit because sometimes the math
14 doesn't always work out with the
15 census, but we are at a much better
16 position right now than we were in
17 2015, let's say.

18 MS. MARIE-HANSON: Thank you.

19 DR. POLITI: Kathy, why don't you
20 explain the fellowship to Ms. Hanson?
21 I don't think she is aware of that.

22 MS. SKARKA: We're on our third
23 fellowship for critical care and our
24 second fellowship for emergency
25 department, our second fellowship, but

1 September 7, 2016

2 after a long period of time, for the
3 OR.

4 Last Monday we started 23
5 individuals. Amongst those three
6 fellowships, the critical care and ED
7 fellowships are four months, so they
8 will be finished this December. The OR
9 fellowship is a little bit longer, it's
10 nine months, so they will be more
11 toward the spring.

12 It's a great thing we have been
13 doing. Dr. Politi has given me the
14 okay to continue doing them as we need
15 them, so that's a really great thing.
16 To tell you the truth, in the ED and
17 critical care, if everyone works out,
18 our vacancies will be at a zero finally
19 for the first time since probably I
20 have started here.

21 DR. POLITI: We had a lot of
22 problems hiring these nurses. We could
23 not get ICU, CCU, OR, or ER nurses and
24 we were critical. So nurse leadership
25 came up with an idea of fellowship,

1 September 7, 2016

2 taking our own people, bringing them
3 in-house for a four-month period of
4 training and certifying them as these
5 critical care nurses. They are doing a
6 great job.

7 MS. HANSON: Thank you.

8 DR. CARUSO: After they get
9 certified do they remain or do they
10 leave?

11 DR. POLITI: That's a great
12 question. The first class that we had
13 some left and now we instituted a
14 letter that they must sign stating that
15 they have to stay for a certain period
16 of time before they can leave. Since
17 then I don't think anyone has left.

18 MS. ROARTY: The project just
19 started. We have a two-year commitment
20 and for the OR is three years, based on
21 the fact that it's a longer training
22 period.

23 The rest of them were transfers
24 from in-house, so that's where I came
25 up with the 24,000 you had said.

1 September 7, 2016

2 MR. MIROTZNIK: Ms. Skarka, your
3 department is good?

4 MS. SKARKA: I am.

5 MR. MIROTZNIK: If there is any
6 problems, you let the Board know and
7 the CEO.

8 MS. SKARKA: Will do, thank you.

9 MR. MIROTZNIK: Mr. Zysman,
10 DSRIP.

11 MR. ZYSMAN: Can I get approval
12 of the executive session minutes from
13 6/7/2016 with public minutes from
14 6/24/16 at the DSRIP Committee meeting?
15 Second? Favor? Unanimous.

16 MR. MIROTZNIK: Now the Finance
17 Committee.

18 MR. ZYSMAN: Off the record.

19 (Discussion held off the record.)

20 MR. ZYSMAN: Can you mark this
21 Exhibit A? That was part of the
22 Finance Committee meeting. There are
23 some minutes from the committee meeting
24 that happened. We were using a tape
25 recorder service. I believe those

1 September 7, 2016

2 minutes are not yet finalized and not
3 available to be voted on this evening.

4 I just wanted that exhibit to be
5 put on the public record and I believe
6 that we and Dr. Politi have had a
7 discussion about scheduling another
8 Finance Committee meeting in the next
9 two weeks.

10 DR. POLITI: Yes, sir.

11 MR. ZYSMAN: Beatriz is in the
12 process of scheduling that over the
13 next two weeks and that will cover any
14 areas in that. So nothing further on
15 Finance Committee. At this time we
16 will provide an update when the minutes
17 are available.

18 MR. MIROTZNIK: Motion to go into
19 executive session. Second? All in
20 favor? Unanimous.

21 (Discussion held off the record.)

22 MR. MIROTZNIK: Motion to go into
23 full board of the NUMC Corporation?
24 Dr. Sussman? All in favor? Unanimous.
25 Ms. Reed?

1 September 7, 2016

2 MS. REED: Thank you. At this
3 time we will go back to the
4 compensation. Thank you for your
5 patience. We needed to go into
6 executive session so that we could
7 discuss some matters leading to the
8 appointments that we are about to
9 present.

10 At this time I would like a
11 motion to approve Jack Kann for
12 Director of Pharmacy pending Civil
13 Service approval and Assistant Director
14 of Pharmacy Nicholas Staffa, who has
15 passed all Civil Service guidelines.

16 At this time I further would like
17 to make a motion to approve the
18 appointment and the hiring of John
19 Ciampoli who will be the attorney for
20 the Board of Directors, and as stated
21 earlier, the minutes for the August
22 30th meeting will be approved at a
23 later date. Can I please have a
24 motion?

25 MR. ZYSMAN: Comment on the

1 September 7, 2016

2 motion?

3 MS. REED: Yes.

4 MR. ZYSMAN: We are approving the
5 hire of John Ciampoli and two
6 individuals tonight, correct?

7 MS. REED: Yes. We are approving
8 the Assistant Director of Pharmacy and
9 John, because they both passed Civil
10 Service guidelines as of this evening.

11 Jack Kann, Director of
12 Pharmacy -- let's do it separately.

13 MR. MIROTZNIK: We take a motion
14 to approve the two aforementioned
15 people that have been cleared with
16 Civil Service forthwith? All in favor
17 of the motion?

18 MR. ZYSMAN: John Ciampoli --

19 MS. REED: And Assistant Director
20 of Pharmacy Nicholas Staffa.

21 MR. ZYSMAN: Motion?

22 MR. MIROTZNIK: Unanimous.

23 Welcome aboard.

24 MR. ZYSMAN: Congratulations,
25 John.

1 September 7, 2016

2 (Applause.)

3 MS. ROARTY: May I mention John
4 Kann has not given notice to his
5 employer, so I would appreciate that if
6 anyone knows him, or knows where he
7 works, that that be kept confident in
8 this room.

9 MR. RIZZO: I also want to thank
10 the Board for doing that on an
11 emergency basis.

12 MR. MIROTZNIK: Everybody is a
13 professional here. Be judicial in
14 life. You are judicial and the name is
15 out there, and had we known before, it
16 would have been different, but we are
17 not going to redact any records.
18 Mr. DeLuca?

19 MR. DELUCA: Mr. Rizzo, thank you
20 for staying on top of this. This was a
21 critical situation and I know you have
22 been on top of this all along.

23 MR. RIZZO: Thank you,
24 Mr. DeLuca.

25 MR. MIROTZNIK: Ms. Ryan, again,

1 September 7, 2016

2 in public session I know that you have
3 a number of items to go over with
4 Mr. Ciampoli. If you could hit the
5 ground running with him, have him
6 execute whatever needs to be executed
7 and Beatriz, our Executive Secretary,
8 is going to show you along.

9 Should you need a full tour,
10 Shelley Lotenberg, please stand.
11 Mr. Ciampoli, there is not a person in
12 the building, maybe other than
13 Mr. DeLuca, knowing where everything
14 is, and I know he doesn't want to walk
15 the building with you.

16 MS. LOTENBERG: He taught me
17 well. He was my boss.

18 MR. MIROTZNIK: Say it for the
19 record. He would like to hear it.

20 MS. LOTENBERG: He taught me
21 very, very well. He was my boss a
22 number of years ago.

23 MR. DELUCA: Not that old and it
24 wasn't that many years ago.

25 MR. MIROTZNIK: Can Mr. DeLuca

1 September 7, 2016

2 purchase that portion of the
3 transcript?

4 MS. REED: That's all I have at
5 this time. Contracts Committee?

6 MR. MIROTZNIK: CEO, if you
7 could, show Mr. Ciampoli to his new
8 home here, if you will, after this
9 meeting. We would appreciate it on
10 behalf of the Board.

11 DR. POLITI: My pleasure,
12 Mr. Chairman.

13 MR. MIROTZNIK: We are done with
14 Compensation, Ms. Reed. Mr. Zysman,
15 there is no way you are going to be
16 five minutes on Contracts, is there?

17 MR. ZYSMAN: We will try to keep
18 it -- we had the tape recorded meeting.
19 There are a number of contracts that
20 are needed for DSRIP because recently
21 the NQP PPS, which is Nassau Queens,
22 was put on enhanced oversight.

23 One of the issues identified in
24 the State's enhanced oversight was the
25 lack of contracts for the NUMC HUB and

1 September 7, 2016

2 the first time these were presented to
3 us was -- when was the meeting, about a
4 week ago? The 30th.

5 So we are happy they are finally
6 coming forward. We need to go through
7 them. I want to try to handle the
8 DSRIP-related contracts as a block. We
9 did that at the contracts meeting, but
10 the minutes are not available tonight
11 to vote on, and they need us to vote on
12 it in order to be in compliance with
13 their commitment to the State for any
14 enhanced oversight.

15 Then there are some clinical
16 contracts of significant value. I
17 would like to try to get those
18 together. All other contracts I will
19 ask that we table for time's sake. We
20 have already been here for quite a bit
21 of time and those we can table to the
22 next contracts meeting in the next few
23 weeks.

24 So we will start off. Mr. Gatto,
25 I believe, is here. Is there anyone

1 September 7, 2016

2 else assisting you with this,
3 Mr. Gatto, the DSRIP contracts?

4 MR. RIZZO: Mr. Maher is going to
5 present them.

6 MR. ZYSMAN: He is going to
7 present the DSRIP contracts? You want
8 to go off the record, John?

9 MR. MAHER: I want to get the
10 list.

11 MS. FUSCHETTO: I have it.

12 MR. ZYSMAN: Mike, run us through
13 why we are on enhanced oversight.

14 MR. GATTO: So --

15 MR. ZYSMAN: You are the head of
16 the NUMC HUB, correct?

17 MR. GATTO: That is correct.

18 MR. ZYSMAN: For DSRIP?

19 MR. GATTO: We have been put on
20 enhanced oversight sight for a few
21 different reasons, but overall for the
22 PPS, for all three HUBs to function in
23 a way that the PPS, the entire DSRIP
24 PPS functions as one.

25 In the past, each HUB uniquely

1 September 7, 2016

2 presented their own individual programs
3 to the state, and while individually or
4 separately, they proved to be quite
5 comprehensive in transformation in our
6 patient and provider transformation.

7 It did not reflect a clear
8 indication that ultimately we would
9 create an integrated delivery system on
10 the PPS level and with the state
11 wanting to make sure that we did not
12 have three individual, integrated
13 systems from each of the three HUBs,
14 they ultimately would not allow us to
15 contract with providers in a way that
16 would produce the value-based payment
17 program.

18 So the state comes in and they
19 look at the entire plan. They say
20 great plan, but how are you going to
21 integrate this now? And with the
22 state's help, and with our integration
23 program that we are doing now, we are
24 working towards one program, one PPS, a
25 group of contracts.

1 September 7, 2016

2 That's why they're so important,
3 because ultimately our patients are
4 going to be part of a patient-centered
5 medical home. The state does not want
6 three patient-centered medical homes.
7 They want one, all segueing up into a
8 very clear, indicated coordinated care
9 program.

10 MR. ZYSMAN: Mike, how many PPSs
11 are on enhanced oversight in the state?

12 MR. GATTO: There were five. I
13 think they are down to three now. The
14 two that came off were in a similar
15 situation with contracts, but more-so
16 contracting due to --

17 MR. ZYSMAN: How many PPSs are in
18 the state?

19 MR. GATTO: 25.

20 MR. ZYSMAN: So we are one in
21 three out of 25 that are --

22 MR. GATTO: We are one of five.
23 Now we are one of three. Based upon
24 the initial plan we submitted, the
25 state is looking very promising upon

1 September 7, 2016

2 us. That's uniquely the type of PPS we
3 are --

4 MR. ZYSMAN: What is enhanced
5 oversight?

6 MR. GATTO: Enhanced oversight
7 basically says that with the state's
8 assistance in understanding how each of
9 the HUBs work in consort with one
10 another, and one of the important
11 things to keep in mind, the NUMC HUB
12 has an added complexity of coordinating
13 their contracting efforts with Winthrop
14 and South Nassau, both nonpublic, non
15 safety net providers that have safety
16 net patients through their individual
17 doctors.

18 MR. ZYSMAN: I believe there is a
19 weekly meeting that you have to have
20 with the state.

21 MR. GATTO: There is a weekly
22 review we will send into the state and
23 every two weeks we will meet with what
24 we call PCG, the state's consult.

25 MR. ZYSMAN: What period of time

1 September 7, 2016

2 is this for? Is it indefinite or a set
3 period of time?

4 MR. GATTO: They try to make it a
5 set period of time, but they will not
6 designate that time.

7 MR. ZYSMAN: Is it indefinite or
8 they have set a time?

9 MR. GATTO: They have not set a
10 time yet. We are just starting now.
11 So our first --

12 MR. ZYSMAN: How important is it
13 that you get these contracts approved
14 tonight and why related to enhanced
15 oversight?

16 I'm asking you about enhanced
17 oversight because if it's not something
18 that has to be discussed tonight, I
19 would put it off to the next contracts
20 meeting and be respectful of all the
21 Board members' time.

22 MR. GATTO: If we approve these
23 contracts tonight as we had presented
24 them at the contracts meeting, we will
25 actually meet a major milestone for the

1 September 7, 2016

2 NUMC HUB.

3 If we wait, we will not be able
4 to report any of the data that these
5 practices have approved until the 4th
6 quarter -- puts us back another
7 quarter.

8 MR. ZYSMAN: Why has this taken
9 you so long to put forward?

10 MR. GATTO: The contracting
11 process, actually, was a very lengthy
12 one. Negotiations with Winthrop, South
13 Nassau, both on their own practices and
14 then on their IPA-affiliated practices,
15 we had to wait to confirm with the
16 state. They attributed life list.

17 MR. ZYSMAN: Do the other HUBs
18 have contracts in place?

19 MR. GATTO: The other --

20 MR. ZYSMAN: In our PPS?

21 MR. GATTO: The other HUBs have
22 what we call modified contracts in
23 place.

24 MR. ZYSMAN: Do we have any
25 modified contracts in place?

1 September 7, 2016

2 MR. GATTO: By virtue of your
3 contracting with the LIFQHC, and by
4 virtue of your contracting with NUMC
5 doctors, in essence you do have
6 contracts in place.

7 MR. ZYSMAN: Dr. Politi, do we
8 have contracts in place?

9 DR. POLITI: We have no written
10 contracts in place. Neither does the
11 other two HUBs.

12 MR. ZYSMAN: Have commitments
13 been made to the state to get contracts
14 in place?

15 MR. GATTO: Yes.

16 MR. ZYSMAN: Is it timely that we
17 go through this and approve this
18 tonight?

19 MR. GATTO: Yes.

20 MR. ZYSMAN: What happens if we
21 don't?

22 DR. POLITI: We are being
23 criticized for not having the contracts
24 in place. These contracts are part and
25 parcel of what DSRIP is, to get the

1 September 7, 2016

2 care out of the communities.

3 It's not for the hospitals to be
4 providing the care, but for the
5 community doctors to do what we need,
6 to work with these physicians and I
7 believe this is instrumental to us
8 reaching our milestones.

9 MR. ZYSMAN: Who has been
10 responsible since DSRIP started to get
11 these contracts in place?

12 DR. POLITI: It falls on the PPS,
13 on the HUBs.

14 MR. ZYSMAN: Who at NUMC would be
15 responsible?

16 DR. POLITI: On the Executive
17 Director of NUMC, so it would be my
18 responsibility.

19 MR. COHN: When were they
20 supposed to be in place?

21 DR. POLITI: We have been working
22 on it.

23 MR. COHN: But not to have
24 avoided coming under enhanced
25 oversight, when should they have been

1 September 7, 2016

2 in place?

3 DR. POLITI: The enhanced
4 oversight is several different things.
5 There are reasons that we were put on
6 enhanced oversight. One of the most
7 apparent is the contracts, but there
8 are others as well.

9 MR. COHN: Let's start with the
10 contracts. When should they have been
11 in place?

12 DR. POLITI: This was the
13 quickest we could have gotten them in
14 place. We worked tirelessly since the
15 beginning of DSRIP to get these
16 contracts.

17 We now have them in place and are
18 moving forward. It just took as us a
19 public entity longer to get the
20 contracts.

21 MR. ZYSMAN: Why did it take us
22 longer? It seems like it was a pretty
23 quick process.

24 DR. POLITI: It was once we were
25 able to get the contracts resolved and

1 September 7, 2016

2 written up and approved by, I guess,
3 the process that we use.

4 MR. ZYSMAN: We are here to
5 approve them tonight. I believe,
6 Frank, I know you have been working
7 with Mr. Gatto and I know Mr. McDonald
8 on this to review.

9 Was it a lengthy process for them
10 to identify?

11 MR. INTAGLIATA: Mr. McDonald,
12 Mr. Gatto and I reviewed the process.
13 If I recall, Chairman, the request was
14 the ranging, if we had any bias in the
15 way we selected the contracts.

16 So what we did was we ranged them
17 by attributable lives and by location,
18 geographical location.

19 So we did a spreadsheet analysis
20 and we used the state certification of
21 these physicians, and when we came out
22 with our ranging, we were successful in
23 getting the top 30 or more ranged in
24 the right order. So we did not have
25 any bias and that was my part of it.

1 September 7, 2016

2 MR. ZYSMAN: From the time you
3 got involved, about how much time did
4 it take to reevaluate that issue, was
5 it a day, a week?

6 MR. INTAGLIATA: We met three
7 different occasions and spent some time
8 on that, just going through it and
9 ensuring that the data was correct.

10 MR. COHN: I will follow-up. So
11 over what period of time did the three
12 different occasions --

13 MR. INTAGLIATA: I was given the
14 assignment on August 30th, I believe,
15 and we have completed the task.

16 MR. COHN: August 30th, 2016?

17 MR. INTAGLIATA: Yes, sir.

18 MR. COHN: And you completed it,
19 it's now what, September 9th?

20 MR. INTAGLIATA: With all
21 fairness, it was pretty T' d up and the
22 state does give it a ranking. The
23 break-even analysis of 500 or more in a
24 progression was simply just going
25 through it and making sure that the

1 September 7, 2016

2 geographic center and the location of
3 where the attributable lives lied were
4 ranked in a descending order.

5 DR. POLITI: So in other words,
6 Mr. Cohn, he was given a list of the
7 top 30 people and it said check these
8 30, they are the top 30. That was the
9 hard part. The easy part was just
10 going through the 30 and saying yes.

11 MR. ZYSMAN: Mr. Gatto,
12 approximately when was that list
13 issued?

14 MR. GATTO: The last list was
15 issued in May.

16 MR. ZYSMAN: When was the first
17 list issued?

18 MR. GATTO: March is when we just
19 completed our own internal process
20 amongst the three HUBs on -- how to
21 contract is kind of a unique process.

22 MR. COHN: When did the -- to
23 have avoided, and I understand, and we
24 will get to it in a moment, there are
25 other issues that put us on the

1 September 7, 2016

2 enhanced list, but I think --

3 MR. ZYSMAN: And you are both
4 trying to get to when did the state
5 expect it so that we could have
6 produced it at this point and this
7 would not have been an issue to put us
8 on the enhanced list?

9 MR. GATTO: It's difficult to
10 identify a date as opposed to
11 suggesting that our contract process,
12 they expected our contract process to
13 have been in place much earlier than --

14 MR. COHN: What's much earlier?
15 What is much earlier? Just give me an
16 idea what month and what year we're
17 talking about.

18 MR. GATTO: May of 2016. They
19 would have liked to see 2016 May.

20 MR. ZYSMAN: Is that what the
21 other 23 PPSs had in place?

22 MR. GATTO: I don't know,
23 Mr. Chairman.

24 MR. ZYSMAN: Do you communicate
25 with them?

1 September 7, 2016

2 MR. GATTO: We do. HHC was
3 behind the same time. They were put
4 on -- there were several others --

5 MR. ZYSMAN: When did you
6 actually start contracting?

7 MR. GATTO: Well, we started
8 meeting with the individual providers
9 once our process was in place back in
10 March, end of March.

11 The first week in April is when
12 we actually reached out to providers
13 because at that point the metrics for
14 which you measure your success for this
15 PPS ranked under five for the three
16 HUBs.

17 MR. COHN: Let me just go off
18 this point for a second. What are the
19 other issues that got us on the
20 enhanced oversight list attention of
21 the state?

22 DR. POLITI: When was the hiring
23 on the PMO? The other was a concern
24 that one of the HUBs that was part of
25 the PPS was questioning if they could

1 September 7, 2016

2 leave the PPS.

3 That was the same HUB that's in
4 Suffolk's Stony Brook PPS and
5 approached the state to leave the Stony
6 Brook PPS, causing them to have issues
7 and requiring the Director of DSRIP,
8 Jason Helgerson, to go to Stony Brook
9 to resolve that.

10 We happen to have that same
11 partner in our PPS and he expressed
12 that concern in a meeting in this room
13 in August. Right after that meeting
14 Peggy Chan, who is overall Executive
15 Director for the state for PPSs, put us
16 on enhanced oversight.

17 MR. COHN: So we were on enhanced
18 oversight this past August?

19 DR. POLITI: Just two weeks ago.

20 MR. COHN: You identified these
21 three as the issues that put us there?

22 DR. POLITI: Those were the
23 three, yes.

24 MR. COHN: Did we get warnings
25 from the state before they put us on

1 September 7, 2016

2 this enhanced list saying that they are
3 expecting things and we haven't
4 complied, or they just basically said
5 you didn't comply, you're on the list?

6 MR. GATTO: There is no real
7 indication until this occurs and then
8 they create the remediation around it.

9 MR. ZYSMAN: Was it a DSRIP
10 deliverable to have these contracts in
11 place?

12 MR. GATTO: As a deliverable.

13 MR. ZYSMAN: Was it a deliverable
14 during the time period before?

15 DR. POLITI: Yes.

16 MR. ZYSMAN: So when you sent
17 your report up to the state, you
18 reported to them we have no contracts?

19 MR. GATTO: Right.

20 MR. ZYSMAN: And that's how they
21 got that information?

22 MR. GATTO: You don't report
23 contracts. You report the data that
24 comes from the contracts.

25 MR. ZYSMAN: I understand. So my

1 September 7, 2016

2 language might not have been the same,
3 but the consent is had you had
4 contracts to report, you could have
5 reported that data up because you
6 didn't have them?

7 You reported up that you didn't
8 have them, whatever language, however
9 you label it; that's what occurred,
10 correct?

11 MR. GATTO: It is, but I need to
12 preface that by saying that the -- for
13 example, Winthrop, South Nassau, NUMC,
14 all were reporting data as part of the
15 individual projects so --

16 MR. ZYSMAN: Did they have
17 contracts with us? Did you issue them
18 contracts?

19 MR. GATTO: No, we didn't have
20 formal contracts at the time.
21 Individual providers can report without
22 contracts and that's where the
23 confusion occurred. That's why --

24 MR. ZYSMAN: That was your
25 policy?

1 September 7, 2016

2 MR. GATTO: That's the state.

3 MR. ZYSMAN: Was that your policy
4 to have them report without contracts?

5 MR. GATTO: Yes, because it is
6 permitted. It is expected, actually.

7 MR. COHN: What is the -- is
8 there a penalty for noncompliance or
9 for poor compliance?

10 MR. GATTO: It's more, not so
11 much not compliance, but not making
12 your metrics. You lose incentive
13 power.

14 MR. COHN: Are we in danger of
15 that?

16 MR. GATTO: We have the
17 potential, but we also right now have
18 the potential for earning significant
19 incentive dollars.

20 MR. COHN: Let's put aside the
21 upside. Let's talk about the downside.
22 So we have the potential to lose money?

23 MR. GATTO: Yes, we do.

24 MR. COHN: How much do we have
25 the potential to lose?

1 September 7, 2016

2 MR. GATTO: We have the potential
3 without contracting of losing \$8.3
4 million this go-around.

5 MR. COHN: Have we lost any money
6 yet?

7 MR. ZYSMAN: For any other
8 metrics?

9 MR. GATTO: The PPS as a whole
10 has lost money for metrics.

11 MR. ZYSMAN: Has NUMC's HUB lost
12 any?

13 MR. MIROTZNIK: If the PPS loses,
14 we are a third partner, right, John?

15 MR. MAHER: That is correct.

16 MR. GATTO: In all honesty, if
17 you look at the data, NUMC has actually
18 made their metrics over the last
19 several quarters, but the PPS as a
20 whole has last sub dollars.

21 MR. COHN: What are sub dollars?

22 MR. GATTO: Just under a million
23 dollars.

24 MR. COHN: So collectively we
25 lost just over a million dollars?

1 September 7, 2016

2 MR. MAHER: Just under a million.

3 MR. COHN: And how much of that
4 did we lose?

5 MR. MAHER: A third.

6 MR. COHN: And we are in danger
7 of losing more money if we don't meet
8 our metrics?

9 MR. GATTO: If we don't meet our
10 metrics and we don't contract, yes, we
11 will.

12 MR. COHN: Who is ultimately
13 responsible for not meeting our
14 metrics?

15 MR. GATTO: I am the HUB lead.
16 It is my responsibility.

17 MR. COHN: So what's the possibly
18 in our opinion of us not meeting any
19 other metrics in the foreseeable
20 future?

21 DR. POLITI: Explain to him about
22 eight metrics that we have to achieve.

23 MR. COHN: I'm not interested in
24 the eight metrics. I don't care if we
25 achieved every one but one.

1 September 7, 2016

2 DR. POLITI: What you have to
3 realize, Mr. Cohn, is it's not just
4 NUMC --

5 MR. COHN: I'm talking about our
6 participation. To the extent of our
7 participation, what is the probability
8 of not our responsibility, not their
9 responsibility, our partners?

10 DR. POLITI: When you approve
11 these contracts, we have the potential
12 of reaching 61,000 attributable lives,
13 which brings us over where we are
14 supposed to be.

15 MR. COHN: Let me clearly
16 understand. There is no problem
17 absolutely of us not meeting any of our
18 future metrics?

19 DR. POLITI: We can never say
20 that, Mr Cohn, of course not. This is
21 a grant based on if you attribute
22 certain parameters you make a certain
23 amount of money. Nobody expects to
24 reach 100 percent and no one in any PPS
25 has achieved 100 percent. So that's an

1 September 7, 2016

2 unfair question.

3 MR. COHN: No, it's a question.

4 I may have to accept the fact that
5 we're not meeting 100 percent, but I
6 would like to know if we anticipate not
7 meeting our metrics in the foreseeable
8 future.

9 DR. POLITI: We have no
10 anticipation of not meeting with
11 metrics. We are going to do everything
12 in our power to obtain every penny we
13 can.

14 I think Mr. Gatto and his team,
15 as far as the NUMC HUB, have been doing
16 exemplary. They're hiring people. We
17 got the approval to fill the PMO and
18 our HUB, and they're going out and
19 getting their numbers.

20 MR. COHN: So the next board
21 meeting and the one after then, when I
22 ask, and I will ask, because you will
23 make a note for me to ask and remind me
24 to ask, whether or not we have met our
25 metrics, the answer is going to be yes;

1 September 7, 2016

2 am I correct?

3 DR. POLITI: That is a very fair
4 question and I hope the answer will be
5 yes.

6 MR. COHN: And I hope so, too.

7 DR. POLITI: New Mr. Attorney, is
8 there any cross-examination? Can we
9 object to the judge or --

10 MR. CIAMPOLI: I have seen him
11 cross-examine. You ain't seen nothing.

12 DR. POLITI: The witness may
13 leave the box.

14 MR. ZYSMAN: So Mike, what losses
15 are you projecting?

16 MR. GATTO: We are not currently
17 projecting losses at this time. We are
18 at --

19 MR. ZYSMAN: What percent of the
20 metrics do you project you will meet in
21 the next quarter?

22 MR. GATTO: Based on our current
23 run, Mr. Chairman, based on our current
24 run right now --

25 MR. ZYSMAN: What are you

1 September 7, 2016

2 projecting? You are in charge of this,
3 right?

4 MR. GATTO: We are projecting 100
5 percent right now for the NUMC HUB.

6 MR. MIROTZNIK: Would it be more
7 comfortable to say 99 percent?

8 DR. POLITI: 94.

9 MR. MIROTZNIK: Don't lock
10 yourself in, Mike.

11 MS. REED: He will hold you to
12 it.

13 MR. DELUCA: That's a good point,
14 99.

15 MR. GATTO: We are doing pretty
16 good so far.

17 DR. POLITI: This is not an easy
18 project.

19 MR. ZYSMAN: Ann Marie, which
20 contract numbers is this?

21 MS. STUDDERT: 1 through 31.

22 MR. ZYSMAN: I will ask
23 permission of the Board. Before I do
24 it, I want to take a vote of them as a
25 block, rather than individually.

1 September 7, 2016

2 Based on the representations of
3 Frank Intagliata on the process, and
4 from Dr. Politi and Mr. Gatto, is there
5 any objection to me voting on those in
6 a block or all individually?

7 MR. COHN: I would just ask if
8 there is any one of them that should be
9 brought to our attention, and if there
10 is none, fine. I have no objection.

11 MR. ZYSMAN: Can someone walk us
12 through how the numbers were derived at
13 for compensation of these contracts and
14 how these providers get compensated?

15 MR. GATTO: So we compensate --

16 MR. MIROTZNIK: One last thing.
17 These numbers are shared a third, a
18 third, a third?

19 MR. GATTO: That is correct.

20 MR. MIROTZNIK: Just so we're
21 clear, so all the numbers on 1 through
22 31 -- this is just our share?

23 MR. GATTO: If you're talking
24 contracts, they are all ours.

25 MR. MIROTZNIK: Do our partners

1 September 7, 2016

2 also have the same contracts?

3 MR. GATTO: They have the same
4 contract obligations.

5 MR. MIROTZNIK: But not with the
6 same providers?

7 MR. GATTO: No, not at all.

8 MR. MIROTZNIK: Thank you.

9 DR. SUSSMAN: So on number five,
10 sorry on number 6, Winthrop is going to
11 receive \$420,000; is that right?

12 MR. GATTO: Yes.

13 DR. POLITI: That's correct.

14 DR. SUSSMAN: We don't get a
15 third of that?

16 MR. GATTO: No. If the metric is
17 met, there is an incentive payment. If
18 the metric is met, and we believe it
19 will be, we actually will incentivize
20 Winthrop at that particular amount.

21 DR. SUSSMAN: So they get
22 \$420,000?

23 MR. GATTO: That's correct.

24 DR. POLITI: Mr. Sussman, they
25 get three dollars per-member per-month

1 September 7, 2016

2 up to \$420,000. So if they meet their
3 metrics, they have the opportunity of
4 making \$400,000, but they have to do
5 what they have to do as far as speed
6 and scale to get that metric.

7 DR. SUSSMAN: So who gives them
8 the \$420?

9 DR. POLITI: We do, the NQP.

10 DR. SUSSMAN: So we will actually
11 receive \$600 to give them \$420?

12 DR. POLITI: We are giving them
13 three dollars per-member per-month. We
14 are getting paid \$12.50 per-member
15 per-month, so we are making substantial
16 margins over what we give them.

17 DR. SUSSMAN: Thank you.

18 DR. POLITI: And as a nursing
19 home we are giving them \$12.50 and we
20 are making --

21 MR. GATTO: \$56.

22 DR. POLITI: So an even larger
23 margin, but less people in the nursing
24 home.

25 MR. ZYSMAN: How is that number

1 September 7, 2016

2 of -- how much money per --

3 DR. POLITI: Per-member

4 per-month.

5 MR. ZYSMAN: How do you determine
6 those numbers?

7 MR. GATTO: The three dollars
8 per-member per-month was predicated on
9 a survey taken throughout the state of
10 how many PPSs were offering x number of
11 dollars per-member per-month, and the
12 amount of dollars we can afford on a
13 third to be able to pay these
14 providers. This incentive money, based
15 upon what we would get as a means of --

16 MR. ZYSMAN: Keep it simpler for
17 me because I'm getting lost in
18 something and you're much more familiar
19 with this than I am.

20 Just tell me, is three dollars
21 per-member per-month, how did you come
22 to three dollars per-member per-month?

23 MR. GATTO: We took an average of
24 a survey that we did of the 25 PPSs.

25 Most state PPSs are using the same

1 September 7, 2016

2 functionality.

3 MR. ZYSMAN: Do you have that
4 document?

5 MR. GATTO: Yes, we do.

6 MR. ZYSMAN: Do you have it with
7 you?

8 MR. GATTO: I don't.

9 MR. ZYSMAN: Can we take a
10 representation from you and you will
11 provide that for the record?

12 MR. GATTO: Yes.

13 MR. ZYSMAN: Who was involved
14 with that decision?

15 MR. GATTO: Quite a few people
16 within both the HUB and the PPS.

17 MR. ZYSMAN: Are any of these
18 that are getting paid for last year?

19 MR. GATTO: Yes, sir.

20 MR. ZYSMAN: Which of these
21 recipients are you paying for last
22 year?

23 MR. GATTO: NUMC, South Nassau,
24 Winthrop and LIFQHC.

25 MR. ZYSMAN: Is the dollars

1 September 7, 2016

2 per-member per-month the same for all
3 of them?

4 MR. GATTO: One dollar per-member
5 per-month is the same for all four.

6 DR. POLITI: Just to clarify for
7 the members of the Board, this is for
8 DSRIP year one. The first year they
9 are not receiving three dollars
10 per-member per-month for the first
11 year. They are only receiving one
12 dollar per-member per-month.

13 When we're saying NUMC, we are
14 not paying ourselves. It is the NQP,
15 the Nassau Queens PPS, that is paying
16 NUMC, that --

17 MR. ZYSMAN: How did you come to
18 one dollar if the average was three?
19 That's what you just said it was.

20 MR. GATTO: Because for year one
21 it was determined, and remember now, we
22 had to report on -- we had to report
23 data. The four entities that reported,
24 they were the health systems, the four
25 hospitals and our LIFQHC systems

1 September 7, 2016

2 because --

3 MR. ZYSMAN: Less narrative.

4 Tell me how you came to the dollar.

5 It's getting late. Tell us how you

6 came to the one dollar versus the

7 three.

8 MR. GATTO: We came to the

9 dollar. Based on metric complexity,

10 the complexity was not at the level of

11 the three dollars required going

12 forward for the next few years.

13 So at this point it was one

14 dollar per-member per-month, which was

15 a stipend for the work that was done by

16 each program.

17 MR. ZYSMAN: You are aware of

18 this, Dr. Politi?

19 DR. POLITI: Yes, sir, I am.

20 MR. ZYSMAN: You are comfortable

21 with how that was calculated?

22 DR. POLITI: Yes, I am.

23 MR. ZYSMAN: You support his

24 representations?

25 DR. POLITI: 100 percent.

1 September 7, 2016

2 MR. ZYSMAN: Any objection from
3 legal on his representation, or how he
4 explained that? We have a number of
5 legal department people in the room.

6 MR. TEPPER: I'm not familiar
7 with this.

8 MS. FAUGHNAN: I don't know how
9 to speak to it.

10 MR. ZYSMAN: Are you in the same
11 dialogue to us? Is there anything that
12 is objectable that you have heard?

13 MS. FAUGHNAN: Not to my
14 knowledge, no.

15 MR. ZYSMAN: Do you have any
16 issue with us voting on this tonight,
17 Ms. Faughnan?

18 MS. FAUGHNAN: I'm not aware of
19 any impediment. The one thing I would
20 say is that for those in the room, you
21 might want to check the list to make
22 sure they don't have a conflict with
23 any of the medical groups or medical
24 facilities that are listed, just in
25 case you want to recuse yourself on a

1 September 7, 2016

2 particular contract.

3 MR. COHN: We are not getting
4 paid -- we are getting paid from
5 someone else? Who is paying us?

6 DR. POLITI: The PPS, the Nassau
7 Queens PPS.

8 MR. COHN: So number five, we are
9 getting \$663,000, the contract for
10 \$663,000?

11 DR. POLITI: NUMC getting
12 \$663,000?

13 MR. COHN: Are we paying
14 ourselves?

15 DR. POLITI: So it's a little
16 complicated where the money comes down
17 because it's called an IGT. The money
18 is federal money that is matched by the
19 state.

20 The money comes to us. John, why
21 don't you explain it? John Maher will
22 explain it very clearly. I will
23 confuse you.

24 MR. MIROTZNIK: The CEO is taking
25 the wind out of your sails. IGT is

1 September 7, 2016

2 your language.

3 MR. MAHER: So the funding source
4 for these dollars is received by the
5 NQP through NUMC. NUMC receives all of
6 the funds from the NQP, our PPSs, and
7 it's set up because we are a public
8 benefit corporation and we're the only
9 ones in the PPS authorized to receive
10 these dollars.

11 When we receive the dollars based
12 on the distribution of a third, a
13 third, a third, NUMC deposits moneys in
14 the other two HUBs' accounts and we
15 retain our dollars for these specific
16 purposes, so that the dollars that we
17 spend for these contracts are funded
18 through the DSRIP grant program. We
19 will have the moneys in-house in the
20 DSRIP account.

21 So the approval would be needed
22 then to approve the contract and then
23 authorized to move the moneys out of
24 the DSRIP account to fund the
25 operations to pay these accounts.

1 September 7, 2016

2 That's how it works.

3 MR. COHN: So this is just, in
4 essence, approving the release from the
5 DSRIP account to our operating account?

6 MR. MAHER: That is correct. You
7 are approving the contracts separately,
8 but then also simultaneously you want
9 to fund the account, so you would also
10 fund that movement as well.

11 DR. POLITI: John, have we done
12 that? Has that money been released to
13 you?

14 MR. MAHER: No, it has not.

15 DR. POLITI: Why not?

16 MR. MAHER: The committee needs
17 to release the dollars, the DSRIP
18 Committee.

19 DR. POLITI: You mean the Board,
20 our Board?

21 MR. MAHER: Correct.

22 DR. POLITI: Where is that money
23 now?

24 MR. MAHER: In an isolated DSRIP
25 account.

1 September 7, 2016

2 DR. POLITI: We can't use it for
3 operating?

4 MR. MAHER: That's correct.

5 DR. POLITI: So how are we going
6 to pay these contractors if we don't
7 have the money?

8 MR. MAHER: We need to move the
9 money from our DSRIP account to the
10 operating account.

11 DR. POLITI: Are you going to
12 bring that up?

13 MR. MAHER: I think I just did,
14 but in order to fund these accounts,
15 the moneys have to move from DSRIP
16 accounts that we have isolated into our
17 operating account so we can fund the
18 operation of these contracts.

19 MR. MIROTZNIK: So very simply we
20 approve 1 through 31?

21 MR. MAHER: Correct.

22 MR. ZYSMAN: Off the record.

23 (Discussion held off the record.)

24 MR. MAHER: Contract number 36,
25 Marsh USA, Inc.

1 September 7, 2016

2 MR. ZYSMAN: Can you present it
3 to us?

4 MR. MAHER: Sure. This is a
5 contract to retain the services of
6 Marsh, which is a subdivision of Marsh
7 and Companies, Inc. to become the new
8 insurance broker for NHCC.

9 This contract was bid out in June
10 and it was determined by a team
11 including myself, Mr. McDonald,
12 Tim Sullivan, Frank Intagliata and
13 Dr. Victor Scarmato, that the four
14 insurance companies that we evaluated
15 were scored and Marsh was the winner of
16 the scoring mechanism.

17 MR. ZYSMAN: What kind of
18 insurance is this for?

19 MR. MAHER: They are the
20 insurance broker, or they would become
21 the insurance broker for the company
22 for DNO, aviation insurance, employee
23 theft, environmental and all of the
24 other Side A insurances for the
25 directors and officers, as well as

1 September 7, 2016

2 theft.

3 So this is basically all of the
4 commercial insurance policies that are
5 purchased by the hospital on an annual
6 basis. It would also include the
7 captive management for the medical
8 malpractice operations that we have.

9 MR. MIROTZNIK: Who has done it
10 in the past?

11 MR. MAHER: In the past it's been
12 AON. We are not clear as to when this
13 contract was last bid, but they have
14 been here probably since 2001 or 2002.

15 MR. MIROTZNIK: When you are
16 saying you are not clear, meaning it
17 certainly predates your tenure?

18 MR. MAHER: That is correct. The
19 scoring came out that Marsh was the one
20 across the board, and all of the
21 categories that we judge and the group
22 felt they offered the best proposal.

23 They were not the lowest bidder.
24 They were the second lowest bidder.
25 The lowest bidder the teams felt

1 September 7, 2016

2 provided a nonresponsive answer to the
3 RFP request. That was Willis.

4 MR. MIROTZNIK: Mr. Maher, that
5 broker then is going to go into the
6 insurance marketplace and place the
7 appropriate coverages with the various
8 companies to fulfill our needs?

9 MR. MAHER: That is correct.

10 MR. MIROTZNIK: The transition
11 between our current and the perspective
12 is going to be seamless?

13 MR. MAHER: It will be seamless.

14 MR. MIROTZNIK: There won't be
15 any interruption in our directors and
16 officers' coverage? Because that's
17 what we're concerned about.

18 MR. MAHER: No, there will not
19 be. Both AON and Marsh assured me
20 there were no issues with being able to
21 secure the policies prior to the
22 expiration dates.

23 MR. MIROTZNIK: And the Cayman
24 Islands and the captive and all that,
25 seamless?

1 September 7, 2016

2 MR. MAHER: Yes, seamless. Also,
3 for the record, it was confirmed by the
4 hospital's medical malpractice
5 attorneys that cover the captive
6 operations, that these transitions are
7 not unusual and that there will be no
8 issues down in the Caymans either.

9 MR. MIROTZNIK: You have that
10 backed up with some electronic mail?

11 MR. MAHER: I will secure an
12 e-mail from our attorney.

13 MR. MIROTZNIK: We would like to
14 make that part of the file.

15 MR. MAHER: Absolutely.

16 DR. SUSSMAN: This \$500,000 is in
17 lieu of any percentage that these
18 brokers will get when they place these
19 policies?

20 MR. MAHER: Unlike the previous
21 arrangement in AON, this arrangement is
22 a flat-fee arrangement, so there is no
23 commission involved.

24 DR. SUSSMAN: I meant commission.

25 MR. MAHER: That is correct.

1 September 7, 2016

2 MR. COHN: Do we get the benefit
3 that the insurance company -- this is
4 really the follow-up question.

5 Normally with an insurance company, a
6 broker places insurance through an
7 insurance company. That broker gets
8 part of the premium back.

9 So I don't want the insurance
10 company to benefit. I want us to
11 benefit. So when they bid it out, is
12 it net of brokers commission, so we get
13 the benefit?

14 MR. MAHER: It will be because on
15 the new arrangement with Marsh, it's a
16 flat fee. We will be able to see that
17 in the premiums immediately.

18 MR. COHN: Right. So is it clear
19 in their bidding process they are going
20 to bid it net of any brokerage
21 commission?

22 MR. MAHER: Yes, it will be. We
23 will make sure that's in the contract.
24 Right now it's in the agreement and
25 there is a disclosure. Once we go to

1 September 7, 2016

2 the fixed fee it will not be there.

3 MR. MIROTZNIK: John, in our
4 arrangement that we currently have in
5 our medical malpractice and our
6 reserves that we have discussed at
7 these board meetings, is that process
8 going to change possibly with the new
9 carrier?

10 MR. MAHER: I think it may change
11 because we are also, as part of this
12 proposal, we are putting the actuary
13 all under one roof so that we can
14 evaluate everything under one roof and
15 hopefully we will be able to see some
16 changes for efficiencies in that whole
17 process.

18 MR. MIROTZNIK: Lastly, do you
19 anticipate our premium last year
20 compared to this year will remain the
21 same, increase or decrease?

22 MR. MAHER: I think they should
23 probably remain the same except for
24 Cyber. Everybody is saying the
25 commercial insurance market is somewhat

1 September 7, 2016

2 soft right now except for Cyber.

3 MR. COHN: When you say our
4 premiums will remain the same --

5 MR. MAHER: Sorry, the premiums
6 would go down to reflect the reduction
7 in the absence of commission for those
8 commercial policies. So I would expect
9 them to go down.

10 MR. COHN: If you can, just
11 please bring to our attention that they
12 went down and how much.

13 MR. MAHER: I certainly will.

14 MR. COHN: Thank you.

15 MR. ZYSMAN: Any other questions
16 from the Board or administration?

17 Okay. Can I get a motion to approve
18 Marsh USA Inc. three years effective
19 6/1/2016 in an amount not to exceed
20 \$963,000 for the three-year term?
21 Motion? Second? Favor? Unanimous.

22 MR. MAHER: Thank you.

23 MR. ZYSMAN: We are waiting for
24 the resolution. First we have to do
25 Deitz, which is our court reporter

1 September 7, 2016

2 service that's here tonight. What
3 number is Deitz?

4 MS. FUSCHETTO: It's not on that.

5 MR. TEPPER: It's an FYI.

6 MR. ZYSMAN: Is someone prepared
7 to present it?

8 MS. VAN RIPER: I believe --

9 MR. INTAGLIATA: I will present
10 it.

11 MR. ZYSMAN: Mr. Intagliata, we
12 want to make sure our court reporter
13 gets paid.

14 MR. INTAGLIATA: We bring this to
15 your attention, Mr. Chairman. This is
16 an LD-200 we put out for court reporter
17 reporting services. We put together
18 the scope of services off the format
19 used by the state.

20 Our legal team was very helpful
21 in providing us with a controller's
22 opinion that the stenographic services
23 are a professional service and by our
24 purchasing policy, in a review of the
25 current vendor's spend for 12 months,

1 September 7, 2016

2 which was approximately \$23 to \$25,000,
3 we would fall under \$50,000 annually
4 and thereby could use this process
5 using an LD-200.

6 The terms we are asking for is
7 six months because we would like to go
8 out for an RFP during this time and put
9 together a more-detailed scope of
10 services. There were some interesting
11 factors along the way. I will not bore
12 you with them, unless you request me.

13 MR. MIROTZNIK: How about you do
14 it later on with Mr. Zysman after the
15 meeting is over?

16 MR. INTAGLIATA: Very good.

17 MR. MIROTZNIK: Can I just ask a
18 question? Frank, when you move forward
19 with this, and we spent an inordinate
20 amount of time to ensure that these
21 meetings are taken down properly, and
22 the one time that we didn't have a
23 stenographer, I think, was a debacle.

24 In the RFP can you let the people
25 know that it's not for a slip and fall

1 September 7, 2016

2 case, it's not for a medical
3 malpractice case, but it's someone who
4 is trained to do board meetings,
5 shareholder meetings, corporate
6 meetings, things of that nature?

7 Because I think that
8 stenographers are used to doing a
9 matrimonial deposition, a slip and fall
10 case. This venue is very different.
11 I'd appreciate that.

12 MR. INTAGLIATA: I will
13 definitely do that.

14 MR. MIROTZNIK: And certainly if
15 it's not this reporting service and
16 it's someone else, that at least it
17 will be personnel that has done these
18 types of meetings before.

19 MR. ZYSMAN: Mr. Tepper, do you
20 have any objection to the process laid
21 out by Mr. Intagliata and on the FYI?

22 MR. TEPPER: No.

23 MR. ZYSMAN: I know you worked on
24 this, too, Ms. Van Riper. Any
25 objections?

1 September 7, 2016

2 MS. VAN RIPER: No.

3 MR. ZYSMAN: Beth, any
4 objections?

5 MS. FAUGHNAN: No.

6 MR. ZYSMAN: Any objections,
7 Mr. Wright?

8 MR. WRIGHT: No objections.

9 MR. ZYSMAN: Thank you very much
10 for your presentation and we look
11 forward to seeing you within the next
12 six months.

13 MR. INTAGLIATA: Wonderful.

14 MR. ZYSMAN: Thank you, Frank.
15 We really appreciate your hard work on
16 this.

17 One quick FYI. Mr. Rizzo, if you
18 can, just present a very quick R3,
19 Farmingdale State College, very
20 quickly.

21 MR. RIZZO: So Farmingdale State
22 College, we would like to continue our
23 relationship with them where they are
24 sending us students to train in the
25 labs at an annual administration fee of

1 September 7, 2016

2 \$1,500 per-student and a \$50 processing
3 fee.

4 We will have six students
5 per-year for a total of \$5,400 for a
6 total of three years. They are going
7 to be working and shadowing with our
8 lab people --

9 MS. FUSCHETTO: Can you please
10 turn your MIC on?

11 MR. ZYSMAN: So the total amount
12 for three years is \$5,400?

13 MR. RIZZO: Yes.

14 MR. ZYSMAN: Thank you for your
15 FYI.

16 MR. RIZZO: Can I do one more,
17 Mr. Zysman? This is number four on
18 your sheet, Long Island Plastics Group,
19 PC. It's a five-year lease where they
20 are going to be leasing us one machine
21 and one backup machine for bacteria
22 identification and to determine what
23 strain of antibiotics to that bacteria.
24 It's a five-year lease for a five-year
25 term not to exceed \$6,416,091.21

1 September 7, 2016

2 MR. ZYSMAN: Was it RFP'd?

3 MR. RIZZO: It's a GPO, so it was
4 not RFP'd. It has a current vendor and
5 the contract expires October 27th, so
6 we are here before the contract
7 expires.

8 MR. ZYSMAN: Mr. Tepper, is this
9 a procurement GPO?

10 MR. COHN: Mr. Rizzo, what is
11 GPO?

12 MR. RIZZO: A group purchase
13 order.

14 MR. ZYSMAN: Was it an
15 appropriate form of procurement?

16 MR. TEPPER: I didn't hear the
17 background, but GPO is an acceptable
18 alternative. It's a group purchasing
19 organization.

20 It's generally a consortium of
21 hospitals that undertake a procurement
22 due diligence and they make those
23 contracts available to other hospitals.
24 It is provided for under Public Health
25 Law and the General Municipal Law.

1 September 7, 2016

2 MR. COHN: So there is nothing we
3 have to do?

4 MR. RIZZO: Just vote on it.

5 MR. ZYSMAN: Can I get a motion?
6 Second? Favor? Unanimous. Thank you,
7 Mr. Rizzo. Let's finish up those DSRIP
8 ones. Putting forward the following
9 motion --

10 MR. MIROTZNIK: Madame Reporter,
11 would you mark that contract and
12 spreadsheet as Exhibit B and withdraw
13 any prior articulation of the motion?
14 In it's place Mr. Zysman will start
15 over.

16 MR. ZYSMAN: I am going to be
17 articulating the number and the name of
18 the company. The amounts are contained
19 within. The motion is: It is hereby
20 resolved NHCC Board of Directors
21 approve the following execution of the
22 following contracts: Number 1, 609
23 Fulton Pediatrics, Number 2, Allied
24 Physicians, Number 3, Dr. Michael
25 J. Everoski, Number 4, South Nassau

1 September 7, 2016
2 Communities Hospital, Number 6,
3 Winthrop University Hospital, Number 8,
4 Herrera-Acevedo PC, Number 9, Planned
5 Parenthood of Nassau County, Number 11,
6 South Nassau Communities Hospital,
7 Number 13, Winthrop University
8 Hospital, Number 14, A. Holly Patterson
9 Extended Care Facility, Number 15,
10 Belair Care Center, Number 16, The
11 Komanoff Center for Geriatric &
12 Rehabilitative Care, Number 17, South
13 Shore Rehab & Nursing Center, Number
14 18, Woodmere Rehabilitation & Health
15 Care Center, Number 19, South Point
16 Plaza Nursing and Rehabilitation
17 Center, Number 20, Beach Terrace Care
18 Center, Number 21, Daleview Care
19 Center, Number 22, Fulton Commons Care
20 Center, Number 23, Grandell Rehab and
21 Nursing, Number 24, Lynbrook
22 Restorative Therapy & Nursing, Number
23 25, Meadowbrook Care Center, Number 26,
24 Nassau Extended Care Center, Number 27,
25 Oceanside Care Center, Number 28, Park

1 September 7, 2016

2 Avenue Extended Care Facility, Number
3 29, Parkview & Rehab Center, Number 30,
4 St. Mary's Hospital for Children,
5 Number 31, Townhouse Center for
6 Rehabilitation & Nursing.

7 Can I get a second for my motion?

8 MS. MARIE-HANSON: Second.

9 MR. ZYSMAN: Additionally, the
10 payments of these contracts are to be
11 paid through the NUMC DSRIP funds.

12 Can I get a second for my motion?

13 MS. MARIE-HANSON: Second.

14 MR. ZYSMAN: Thank you,
15 Ms. Hanson. All in favor? Unanimous.
16 Contract unanimously passed.

17 Lastly, can I get a motion of the
18 NHCC Board to approve and execute the
19 payments from the NUMC DSRIP funds for
20 contracts number five, Nassau County
21 University Medical Center -- question
22 on the motion.

23 MR. MIROTZNIK: You have your own
24 question?

25 MR. ZYSMAN: LIFQHC, we are a

1 September 7, 2016

2 co-operator of it. How much money of
3 this contract comes to NUMC from the
4 LIFQHC allotment?

5 MR. GATTO: I'm not sure.

6 DR. POLITI: Michael, if we give
7 them \$400,00, how much do we get back
8 from LIFQHC when they make their
9 metric?

10 MR. GATTO: The total is \$8.3
11 million.

12 DR. POLITI: So we give them
13 \$400,000 to perform these services. We
14 have the ability to make \$8.3 million.

15 MR. ZYSMAN: Isn't that what you
16 said the total amount we could lose is?

17 MR. GATTO: It's a total.

18 MR. ZYSMAN: My question is we
19 are co-operators, right?

20 DR. POLITI: Yes.

21 MR. ZYSMAN: We are paying
22 \$400,000. How much comes back to the
23 hospital and how much goes to the
24 LIFQHC organization?

25 DR. POLITI: You are giving them

1 September 7, 2016

2 \$400,000 to do these metrics. What are
3 we going to make from that \$400,000?

4 MR. ZYSMAN: No, that's not the
5 question. We are allotting \$400,000.
6 Have they submitted any metrics to you?

7 MR. GATTO: Yes, they have.

8 MR. ZYSMAN: So how is their
9 coverage? Any NUMC staff over there?

10 MR. GATTO: Well, it's the LIFQHC
11 staff.

12 MR. ZYSMAN: Are there NUMC staff
13 that work for LIFQHC?

14 MR. GATTO: I'm not sure.

15 DR. POLITI: There are NUMC
16 staff, but will they be getting this
17 money. Will any NUMC staffer be
18 receiving some of this \$400,000?

19 MR. GATTO: I'm not sure how to
20 answer that.

21 DR. POLITI: This is money for
22 what?

23 MR. GATTO: That one covers --

24 MR. ZYSMAN: What happens if we
25 don't pass those funds through tonight,

1 September 7, 2016

2 being that we just passed those other
3 contracts? The Board wants to leave.
4 It's been a long night.

5 MR. COHN: And the Board wants
6 answers.

7 MR. ZYSMAN: Can we not pass the
8 NUMC and LIFQHC contracts tonight?

9 MR. GATTO: If you don't pass
10 them, that reduces our attributable
11 lives. We need the lives. We promised
12 the state the lives.

13 DR. POLITI: As part of the --

14 MR. GATTO: This is all part and
15 parcel of an entire acronym of metrics
16 that are met by all groups.

17 MR. ZYSMAN: Any issues with
18 having some of these issues resolved at
19 the LIFQHC prior to disbursing money to
20 them? Any issues with that, Michael?
21 You are working with them, right?

22 MR. GATTO: We are working with
23 them.

24 MR. ZYSMAN: Are they being
25 cooperative? They let your staff come

1 September 7, 2016

2 there and help?

3 MR. GATTO: They are being
4 cooperative and they are providing us
5 with all of the data that meets the
6 metrics.

7 MR. ZYSMAN: Is your staff
8 allowed to go there?

9 MR. GATTO: They are. Actually,
10 our staff has been going there.

11 MR. ZYSMAN: Strike the motion
12 and I will restate it. Lastly, the
13 NHCC Board approves the execution and
14 payment from the NUMC DSRIP funds for
15 contracts Number 5, Nassau University
16 Medical Center, Number 7, LIFQHC and
17 Number 12, also LIFQHC, contingent upon
18 resolution of where the fund-flow is
19 going to go, if it's going to go to
20 compensate for NUMC employees that are
21 there, and also how the distribution is
22 going to work for NUMC, being that it's
23 a co-operator for the LIFQHC --

24 DR. POLITI: Isn't that money
25 used to get the metrics, to go out and

1 September 7, 2016

2 get the projects?

3 MR. GATTO: These are extensive
4 dollars, so you get the metrics --

5 DR. POLITI: We don't get a third
6 or a half of that money?

7 MR. ZYSMAN: But that will get
8 resolved?

9 MR. COHN: We have a motion.
10 You're in the middle of a motion.

11 DR. POLITI: I apologize.

12 MR. COHN: No, it's not going to
13 read.

14 MR. MIROTZNIK: Can I suggest we
15 strike the motion and start again?

16 MR. ZYSMAN: We are going to move
17 forward with the motion. Motion: The
18 NHCC Board approves the execution and
19 payment for the NUMC DSRIP funds for
20 contracts Number 5, Nassau University
21 Medical Center, 7, LIFQHC, 10, Nassau
22 University Medical Center, 12, LIFQHC,
23 14, A. Holly Patterson Extended Care
24 Facility.

25 Can I get a motion? Second? All

1 September 7, 2016

2 in favor? Unanimous. Thank you very
3 much.

4 Mr. Gatto, we need you to be able
5 to give us an update on some of these
6 things that seem to be not clear and
7 you haven't really been able to answer
8 some of these questions tonight.

9 We would like you to gather that
10 information and report back to either
11 the full Board or the NHCC DSRIP, or
12 Contracts Committee, whichever comes
13 first.

14 MR. GATTO: Not a problem, shall
15 do.

16 MR. DELUCA: Can I make an
17 addition to that? Mr. Gatto, also, if
18 you run into some kind of an issue or a
19 problem and you feel that you need some
20 kind of assistance, or you need to
21 communicate, please speak to
22 Mr. Ciampoli.

23 MR. GATTO: Shall do. Thank you.

24 MR. ZYSMAN: Off the record.

25 (Discussion held off the record.)

1 September 7, 2016

2 MR. ZYSMAN: We have one more.

3 Are you presenting that, John?

4 MR. MAHER: Yes, and Jeff Thrope
5 is on standby should we need him. R6
6 is a New York State Department of
7 Health grant through Empire Blue Cross.

8 They have made a funding award to
9 Nassau University Medical Center to
10 support operational expenses and the
11 development and implementation of plans
12 for the transition to the value-based
13 program, commonly known as VBP-QIP.

14 The funding is to support
15 operational expenses of the development
16 and implementation of the plans for the
17 transition to value-based purchasing.
18 The total amount of the grant is for
19 \$40 million and it's over a four-year
20 period.

21 MR. ZYSMAN: Value-based
22 purchasing; can you define that for the
23 group?

24 MR. MAHER: Yes. Value-based
25 purchasing is moving away from a

1 September 7, 2016

2 per-click environment, getting paid
3 per-visit, or being paid per-discharge,
4 to preventing hospitalizations and
5 treating the patient so that the
6 patient is following the triple aim,
7 which is treating the patient, treating
8 the whole part of the patient, or
9 making the patient experience the best
10 it can be and at the most efficient
11 cost.

12 By doing that, they believe that
13 value-based purchasing is keeping the
14 patient out of the hospital in those
15 transitions.

16 MR. ZYSMAN: Is there a lot of
17 things that have to take place here for
18 us to be ready for that?

19 MR. MAHER: Significant.

20 MR. ZYSMAN: Where do these
21 changes have to take place?

22 MR. MAHER: They have to take
23 place across the entire continuum of
24 care, every department in the hospital.

25 MR. ZYSMAN: Department heads

1 September 7, 2016

2 have to be involved in this?

3 MR. MAHER: Absolutely.

4 MR. ZYSMAN: Chairmen of
5 different departments?

6 MR. MAHER: Absolutely.

7 MR. ZYSMAN: Dr. Faust, I know
8 you are here, and Dr. Mustacchia, you
9 both have expressed interest in being
10 involved in this process. Can you both
11 assist us, as well as others --

12 DR. MUSTACCHIA: Absolutely, yes.

13 MR. ZYSMAN: -- in helping to
14 make these changes and to recommend
15 policy changes that may need to occur?

16 MR. COHN: Is this a mandated
17 change for us?

18 MR. MAHER: Yes. I think the
19 industry as a whole is moving to
20 value-based purchasing and the
21 assumption of risk and moving away from
22 the fee-for-service environment.

23 MR. COHN: My question was is it
24 mandated or is it not mandated?

25 MR. MAHER: It's being mandated

1 September 7, 2016

2 for Medicaid, so the answer is yes.

3 MR. COHN: Have we projected what
4 our cost of compliance will be?

5 MR. MAHER: Not yet, no.

6 MR. COHN: Is \$40 million
7 sufficient, not sufficient?

8 MR. MAHER: The \$40 million is to
9 assist us with the transition to
10 value-based purchasing.

11 MR. COHN: Right, but is it a
12 \$100 million transition, is it a \$20
13 million transition? Have we projected
14 what our cost will be to --

15 MR. MAHER: It is more being able
16 to project a revenue loss if we don't
17 transition to value-based purchasing.

18 MR. COHN: Do we have a plan
19 about how we're going to do the
20 transition, or are we just taking the
21 grant and starting from scratch?

22 MR. MAHER: No, we have not
23 developed a plan yet and the first year
24 it is pay-for-reporting and there is
25 going to have to be many documents

1 September 7, 2016

2 created to satisfy the requirement of
3 the grant.

4 As you move through time, similar
5 to DSRIP, you will have to be able to
6 show that you have met those metrics.

7 So we would be reporting to the
8 Board on an ongoing basis on how we met
9 those metrics, similar to the way DSRIP
10 is reported to the Board.

11 MR. COHN: We have to meet
12 metrics in this also?

13 MR. MAHER: Eventually, yes.

14 MR. COHN: Do we have a team in
15 place for this?

16 MR. MAHER: Not yet.

17 MR. COHN: Have we done anything
18 in preparation of this?

19 MR. MAHER: I think we've had
20 some general discussions about it and
21 it kind of goes hand-in-hand with what
22 DSRIP is doing over --

23 MR. ZYSMAN: We have had some
24 volunteers. Dr. Mustacchia, Dr. Faust,
25 Kathy Skarka, Maureen Shannon have all

1 September 7, 2016

2 volunteered, as well as some others, to
3 help develop these projects, present
4 them and move them forward to make
5 these changes.

6 MR. COHN: Who is going to
7 coordinate this?

8 MR. GATTO: Part of this is part
9 of our -- we have been coordinating.
10 We have been reviewing this data now in
11 anticipation for pay for performance.

12 MR. COHN: So let me ask you a
13 question. When we do not meet our
14 first metric, who am I going to be
15 looking at sitting in that seat? I
16 want to know who is responsible. I
17 want accountability.

18 MR. GATTO: Me.

19 MR. COHN: Mike, are you saying
20 that you are going to be in charge of
21 this transition?

22 MR. GATTO: There is a parallel
23 here and an integration between the
24 DSRIP transformation and VBP. The
25 biggest part of this is our entire

1 September 7, 2016

2 coordination structure is somewhat
3 really -- John just explained we are
4 going towards moving away from a health
5 first and going towards NUMC as the
6 oversight for one's care.

7 MR. COHN: My experience has been
8 that unless somebody ultimately takes
9 responsibility, that it becomes an
10 octopus without a head.

11 I want to know whose head is
12 going to be coordinating the tentacles
13 of this transition.

14 MR. DELUCA: Can I say something
15 before that? I think it would be
16 helpful to have a written plan with a
17 timeline and all of the people on the
18 team so that the Board can see that,
19 and in accordance with Mr. Cohn, we
20 should know who is responsible for
21 what. I mean, that's a reasonable
22 request, right, Doc?

23 DR. POLITI: I believe so. One
24 has to understand that the DSRIP
25 program is going towards a VBP

1 September 7, 2016

2 population-based model. We have
3 petitioned this money.

4 Not everybody is getting that.
5 We are one of only two hospitals in
6 Nassau County that received this and --

7 MR. COHN: We didn't receive the
8 money yet. We receive the money
9 contingent on meeting our metrics.

10 DR. POLITI: They are not as
11 specific metrics as you have in DSRIP.
12 DSRIP has a speed and scale where you
13 have to meet certain parameters at
14 certain times. The VBP-QIP doesn't
15 have those types of drop dead
16 parameters.

17 MR. COHN: If we do not meet our
18 metrics we are not going to get the
19 money?

20 DR. POLITI: There are no
21 specific metrics that we have to meet.
22 We are going to receive that \$10
23 million over four years from the state.

24 We then have to regress
25 hospital-wide, as all hospitals do, to

1 September 7, 2016

2 transition to a population-based VBP
3 monitor.

4 So that helps us get there, but I
5 don't believe there is any specific --
6 correct me if I'm wrong, there is no on
7 this date you have to contract with
8 this many people, like we have with
9 DSRIP.

10 MR. COHN: So we can take the \$40
11 million, not do anything, and nobody is
12 going to know about it? Somewhere in
13 the middle somebody is going to look at
14 us, right? Let's pretend we are at the
15 middle now.

16 DR. POLITI: We don't get the
17 money. The money goes to a managed
18 care organization. In our case it's
19 Empire. Empire looks at our plan and
20 says okay, you guys are going to
21 increase the volume at the LIFQHC.

22 You're going to have more care
23 navigators. You're going to go out and
24 start telemedicine. You are going to
25 do home visits in our nursing.

1 September 7, 2016

2 We put this in a plan and give it
3 to this MCO. The MCO approves it and
4 say okay, NUMC, that's a good plan.
5 Here is your \$10 million. Then we go
6 out and hire more navigators, hire more
7 home care nurses and we follow through.

8 The hope is that decreases
9 avoidable and unnecessary admissions,
10 that decreases patients that come back
11 to the hospital that don't have to be
12 here, keeps their diabetes in check,
13 their blood pressure in check --

14 MR. COHN: Let me ask you a
15 question: We do that and they think is
16 a wonderful plan, probably the best
17 plan I ever saw in my life, and a year
18 later we don't do anything. Do they
19 know about it?

20 DR. POLITI: The managed care
21 organization, nobody gives us --

22 MR. COHN: So we're not going to
23 get the money. I want to know who. Is
24 this is a very difficult question?

25 Who is going to oversee to make

1 September 7, 2016

2 sure that we perform, that the plan
3 gets presented and --

4 DR. POLITI: That is a reasonable
5 question and I have the answer. I
6 mean, there is one person that is
7 absolutely responsible in getting those
8 metrics. That one guy is me.

9 I'm the guy who basically has to
10 ensure that my team goes out there,
11 does their job, that I meet with Gatto
12 everyday, I meet with Maher everyday to
13 see where they're at.

14 MR. COHN: So a year from now?

15 DR. POLITI: I will be sitting
16 right here.

17 MR. COHN: That's what I want to
18 know.

19 DR. POLITI: Matter of fact,
20 three years from now I will be sitting
21 right here going we did it.

22 MR. DELUCA: I still think you
23 need a specific team. I really think
24 you need that.

25 DR. POLITI: Mr. Zysman has put

1 September 7, 2016

2 together a great team. I think he
3 mentioned some really strong leaders.

4 MR. DELUCA: You need a timeline.
5 You need a team.

6 DR. POLITI: We will get that
7 back to you, Mr. DeLuca. I will be at
8 those meetings myself.

9 MR. MIROTZNIK: Can I make a
10 suggestion for brevity? Beatriz, a
11 note for our October Board meeting to
12 have the members of that committee, to
13 name that committee and the personnel
14 in that committee, so that dialogue can
15 continue.

16 MR. DELUCA: And as Mr. Ciampoli
17 just helped me, you need a team
18 captain, too.

19 DR. POLITI: We will have that
20 all for you at the next meeting,
21 Mr. DeLuca.

22 MR. MIROTZNIK: Okay. John, who
23 are the team that were responsible for
24 obtaining this money from the New York
25 State Department of Health?

1 September 7, 2016

2 MR. MAHER: The initial grant was
3 crafted with Dr. Politi's guidance,
4 Harold McDonald, myself and Jeff Thrope
5 was actually the one who kind of put
6 the documents together and we submitted
7 it.

8 DR. POLITI: None of that would
9 have been possible without Park
10 Strategies and their team. They were
11 completely instrumental. They are the
12 ones that got us in the door,
13 introduced us to the right people.

14 When we came up with the plan,
15 they're the ones that gave it to the
16 people that allowed us to start this.
17 They have done that on numerous
18 occasions. We must have went to Albany
19 at least ten times, or four times?

20 MR. MAHER: Yes.

21 DR. POLITI: On this alone and
22 Park Strategies was with us every
23 single time in the middle of the winter
24 when we knocked on those doors.

25 MR. MIROTZNIK: I would like one

1 September 7, 2016

2 of you to let them know we're grateful
3 because that is a big shot in the arm
4 for the hospital.

5 DR. SUSSMAN: So the grant money
6 we are going to receive, is that
7 earmarked to pay for those nurses that
8 are going to call the patients to take
9 care of the Diabetes so they don't end
10 up in the hospital?

11 DR. POLITI: Yes. That's what
12 it's for, for establishing the program
13 to decrease avoidable admissions and to
14 keep the population healthy.

15 As you know, Medicare/Medicaid is
16 out of control right now. It's 20
17 percent of the gross national product.
18 We can't support it.

19 So the government is coming up
20 with these DSRIP programs throughout
21 the country to try to change the
22 methodology, a paradigm shift in
23 medicine.

24 Instead of pay for service, we
25 want a value-based medicine. Keep them

1 September 7, 2016

2 out of the hospital, pay for quality.

3 So that's what this whole thing
4 is about, receiving money in the long
5 run and focusing on Medicaid patients.

6 MR. MIROTZNIK: Okay. Anything
7 else?

8 MR. ZYSMAN: We have to do a
9 resolution on it. Mr. Chairman, you
10 had set up a committee so that there is
11 some dialogue about that and the team
12 can report back and the committee can
13 report back to this Board.

14 I know Dr. Politi has been
15 involved in that process and so we will
16 include that. I need to put the
17 resolution forth. Motion: It is
18 hereby resolved that the VBP-QIP
19 contract is approved for execution and
20 the NHCC VBP-QIP committee is herein by
21 the power of the full Board of NHCC.

22 That committee will oversee the
23 execution and payment and use of funds
24 in connection with the contract, which
25 is New York State Department of Health,

1 September 7, 2016

2 four years, effective 7/1/2016 in an
3 amount of at least \$40 million for the
4 four-year term.

5 Can I get a motion? Second?
6 Favor? Unanimous. Thank you very
7 much.

8 MR. MIROTZNIK: For the record,
9 the committee is going to consist of,
10 and I thank you all members,
11 Dr. Caruso, Dr. Caprioli, Ms. Hanson,
12 Mr. Zysman and myself.

13 The liaisons from Dr. Politi,
14 Maureen Shannon, Kathy Skarka,
15 Dr. Faust and Dr. Mustacchia and
16 Ms. Ryan. Thank you all for
17 volunteering. Shake your heads. Thank
18 you. Thank you, yes, yes. Anything
19 else, Dr. Politi?

20 DR. POLITI: One other thing I
21 would like to mention that we were
22 informed of today is that David
23 Nemiroff is resigning from his position
24 as the Executive Director of the NQP,
25 our PPS for DSRIP.

1 September 7, 2016

2 David was here from the beginning
3 and helped to establish all the initial
4 reports that we had to make to the
5 state, and basically worked together
6 with the three HUBs, but he is leaving
7 us to dedicate full-time to the LIFQHC.

8 He will be available to help us
9 with the transition. We want to thank
10 David officially from myself and from
11 the administrative staff of NUMC for
12 all of his hard work on the DSRIP
13 Committee and wish him the best of luck
14 and continued success in the Long
15 Island FQHC.

16 MR. MIROTZNIK: My Board
17 reiterates those sentiments as well.
18 We met with him earlier this evening
19 and he has done a great job at getting
20 this program started.

21 MR. ZYSMAN: Can you inform us
22 what the search process is going to be,
23 and if it's going to be the NQP Search
24 Committee handling?

25 DR. POLITI: Currently what is

1 September 7, 2016

2 undergoing is the HR Workforce person
3 for the NQP is looking to publish ads
4 in some of the journals to advertise
5 for a new executive leader.

6 We have a very capable
7 second-in-command, an operations
8 director, who will be interim in that
9 position. We also have our consultants
10 from Premier that will be remaining on
11 hand.

12 I believe two project managers
13 will be remaining, as well as a
14 supervisor for a few hours a week to
15 oversee them so that we will have
16 backup from Premier, who has been with
17 us over the last two years putting the
18 DSRIP program together while we do the
19 search.

20 When we do find candidates, we
21 will have our DSRIP Search Committee we
22 have used to interview this person.
23 There will be two from each HUB.
24 Whoever they decide will go to the
25 executive committee of 21 for a full

1 September 7, 2016

2 committee vote.

3 That's currently the way the
4 process is run and we don't anticipate
5 any change in that process.

6 MR. ZYSMAN: Has that been
7 discussed with our partners?

8 DR. POLITI: Yes, it has. There
9 has been some contention and some
10 additional treatment, but we believe as
11 of today that is where we stand.

12 MR. ZYSMAN: But if there was
13 going to be any change to that, would
14 you let us know?

15 DR. POLITI: I absolutely will
16 and we will certainly do everything we
17 can to maintain the status quo and with
18 our 21 votes at the executive
19 committee, we believe we can do that.

20 MR. ZYSMAN: What is Jeff
21 Thrope's position on that matter?

22 DR. POLITI: I didn't ask for an
23 official position from Mr. Thrope on
24 this issue. Which issue, the 22 and 2?

25 MR. ZYSMAN: Yes.

1 September 7, 2016

2 DR. POLITI: I apologize, I
3 misspoke. We did request an opinion
4 from legal counsel Jeff Thrope who said
5 that we should maintain this current
6 standing the way they are, based on the
7 original intent of the terms of
8 agreement.

9 MR. ZYSMAN: Does he see any
10 reason at all to re-do the terms
11 agreement?

12 DR. POLITI: He absolutely does
13 not. He has no reason to re-do the
14 terms agreement.

15 MR. ZYSMAN: He spoke in the
16 affirmative on that, Doc?

17 DR. POLITI: Yes. There is no
18 change to the terms agreement.

19 MR. ZYSMAN: He sees no need for
20 changes.

21 DR. POLITI: He sees no needs for
22 a change in terms agreement and if
23 there is any changes, I will bring that
24 in the NHCC DSRIP Committee.

25 MR. MIROTZNIK: Who gets the last

1 September 7, 2016

2 word on that one? My further
3 understanding, we wish Mr. Nemiroff
4 good luck back in his old home with the
5 LIFQHC and I understand his resignation
6 was as of September 5th. Is there
7 anything else?

8 DR. POLITI: No, sir.

9 MR. MIROTZNIK: Any public
10 comment? No one? Mr. Ciampoli would
11 like to say a few words.

12 MR. CIAMPOLI: Seeing as I
13 stand --

14 MR. MIROTZNIK: Excuse me,
15 Mr. Cohn first.

16 MR. COHN: He already said a few
17 words.

18 MR. CIAMPOLI: I did, but they
19 were in executive session and I stand
20 between you and leaving here, so thank
21 you.

22 I look forward to working here
23 and getting to know each of you who I
24 don't know better, and to know those of
25 you who I know better. Good night.

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September 7, 2016

MR. MIROTZNIK: Thank you.

Motion to adjourn? All in favor? That
is certainly unanimous. Good evening,
everybody and get home safe.

(Time noted: 8:24 p.m.)

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INDEX

EXHIBITS

DESCRIPTION	PAGE
Position Control Committee Memo	29
Expense-Based Contracts	86

MOTIONS

Approval of the public minutes from 6/10/16, 6/13/16 and 6/22/16 and the executive session minutes from 6/22 and all action recommendations called for therein	11
Approval of the minutes of 7/26/2016 for the MPAC Committee	12
Approval of the executive session minutes from 6/7/2016 with public minutes from 6/24/16 at the DSRIP Committee meeting	29
Approve the two aforementioned people that have been cleared with Civil Service forthwith	32
Approve Marsh USA Inc. three years effective 6/1/2016 in an amount not to	79

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exceed \$963,000 for the three-year term

Long Island Plastics Group, PC 86

It is hereby resolved NHCC Board of 88

Directors approve the following execution of the following contracts:

- Number 1, 609 Fulton Pediatrics,
- Number 2, Allied Physicians, Number 3, Dr. Michael J. Everoski, Number 4, South Nassau Communities Hospital, Number 6, Winthrop University Hospital, Number 8, Herrera-Acevedo PC, Number 9, Planned Parenthood of Nassau County, Number 11, South Nassau Communities Hospital, Number 13, Winthrop University Hospital, Number 14, A. Holly Patterson Extended Care Facility, Number 15, Belair Care Center, Number 16, The Komanoff Center for Geriatric & Rehabilitative Care, Number 17, South Shore Rehab & Nursing Center, Number 18, Woodmere Rehabilitation & Health Care Center, Number 19, South Point Plaza Nursing

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2 and Rehabilitation Center, Number 20,
3 Beach Terrace Care Center, Number 21,
4 Daleview Care Center, Number 22,
5 Fulton Commons Care Center, Number 23,
6 Grandell Rehab and Nursing, Number 24,
7 Lynbrook Restorative Therapy &
8 Nursing, Number 25, Meadowbrook Care
9 Center, Number 26, Nassau Extended
10 Care Center, Number 27, Oceanside Care
11 Center, Number 28, Park Avenue
12 Extended Care Facility, Number 29,
13 Parkview & Rehab Center, Number 30,
14 St. Mary's Hospital for Children,
15 Number 31, Townhouse Center for
16 Rehabilitation & Nursing.

17 The NHCC Board approves the execution 93
18 and payment for the NUMC DSRIP funds
19 for contracts Number 5, Nassau
20 University Medical Center, 7, LIFQHC,
21 10, Nassau University Medical Center,
22 12, LIFQHC, 14, A. Holly Patterson
23 Extended Care Facility.

24 It is hereby resolved that the VBP-QIP 110
25 contract is approved for execution and

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The NHCC VBP-QIP committee is herein
by the power of the full Board of
NHCC. That committee will oversee the
execution and payment and use of funds
in connection with the contract, which
is New York State Department of
Health, four years, effective 7/1/2016
in an amount of at least \$40 million
for the four-year term.

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CERTIFICATION

I, ANGELA ARENA, a Notary
Public in and for the State of New
York, do hereby certify:

THAT the foregoing is a true and
accurate transcript of my stenographic
notes.

IN WITNESS WHEREOF, I have
hereunto set my hand this 7th day of
September, 2016.

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ANGELA ARENA

A	14:23 88:9	84:11 89:16	appropriate 54:20	
ability 89:14	adjourn 116:3	95:18 110:3	75:7 85:15	asking 41:16
able 25:25 42:3	administration 79:16 83:25	117:25 120:9	approval 7:5	81:6
45:25 64:13	administrative 111:11	amounts 86:18	11:17 12:5	assignment 47:14
75:20 77:16	administrator 3:10,23 16:11	analysis 46:19	22:20 29:11	assist 97:11
78:15 94:4,7	admissions 104:9 108:13	47:23	31:13 58:17	98:9
98:15 99:5	ads 112:3	Angela 1:20	70:21 117:10	assistance 40:8
aboard 32:23	advertise 112:4	121:6,18	117:15,17	94:20
absence 79:7	advice 11:10	Ann 3:5 60:19	approve 31:11	Assistant 2:17
absolute 14:20	Affairs 2:23,24	Annabelle 3:20	31:17 32:14	2:20 3:12
absolutely 24:24 57:17	3:2,3,6,7	Anne 3:12	41:22 43:17	31:13 32:8,19
76:15 97:3,6	affect 13:10	annual 12:16	46:5 57:10	assisting 37:2
97:12 105:7	affirmative 114:16	74:5 83:25	70:22 72:20	assumption 97:21
113:15	afford 64:12	annually 81:3	79:17 86:21	assured 75:19
114:12	aforemention... 32:14 117:21	answer 58:25	88:18 117:21	attention 50:20
accept 58:4	ago 6:16 34:22	59:4 75:2	117:24 118:6	61:9 79:11
acceptable 85:17	34:24 36:4	90:20 94:7	approved 24:10 31:22	80:15
account 70:20	51:19	98:2 105:5	41:13 42:5	attorney 6:19
70:24 71:5,5	agreement 77:24 114:8	answers 91:6	46:2 109:19	7:11 11:7
71:9,25 72:9	114:11,14,18	Anthony 3:13	119:25	31:19 59:7
72:10,17	114:22	antibiotics 84:23	approves 92:13	76:12
accountability 100:17	aim 96:6	anticipate 58:6	93:18 104:3	attorneys 76:5
accounted 14:21,25	ain't 59:11	78:19 113:4	119:17	attributable 46:17 48:3
accounts 70:14	Albany 107:18	anticipation 58:10 100:11	approving 32:4	57:12 91:10
70:25 72:14	Allied 86:23	AON 74:12	32:7 71:4,7	attribute 57:21
72:16	118:9	75:19 76:21	approximately 17:8 19:4	attributed 42:16
accurate 121:10	allotment 89:4	apologize 19:19	20:13 48:12	August 31:21
achieve 56:22	allotting 90:5	93:11 114:2	81:2	47:14,16
achieved 56:25	allow 38:14	apparent 45:7	April 16:7	51:13,18
57:25	allowed 92:8	appears 22:12	50:11	authorized 70:9,23
acronym 91:15	107:16	applause 7:10	area 25:10	autumn 8:13
acting 3:8 5:22	alternative 85:18	7:15 33:2	areas 10:5	available 30:3
action 11:20	Ambulatory 3:4,17	appointment 31:18	30:14	30:17 36:10
117:13	amount 17:25	appointments 31:8	Arena 1:20	85:23 111:8
activities 20:25	18:14 57:23	appreciate 25:16 33:5	121:6,18	Avenue 88:2
actuary 78:12	62:20 64:12	35:9 82:11	arm 108:3	119:11
added 40:12	79:19 81:20	83:15	arrangement 76:21,21,22	average 64:23
addition 94:17		approached 51:5	77:15 78:4	66:18
additional 113:10		approaching 9:18	articulating 86:17	aviation 10:18
Additionally			articulation 86:13	73:22
			aside 18:5	avoidable

104:9 108:13 avoided 44:24 48:23 award 95:8 aware 26:21 67:17 68:18 a.m 10:10	beds 8:17 beginning 45:15 111:2 behalf 6:22 25:13 35:10 Belair 87:10 118:19 believe 9:21 29:25 30:5 36:25 40:18 44:7 46:5 47:14 62:18 80:8 96:12 101:23 103:5 112:12 113:10,19 benefit 70:8 77:2,10,11,13 best 6:15 23:19 25:4 74:22 96:9 104:16 111:13 Beth 83:3 better 26:15 115:24,25 bias 46:14,25 bid 73:9 74:13 77:11,20 bidder 74:23 74:24,25 bidding 77:19 big 108:3 biggest 23:5 100:25 bit 8:3 26:13 27:9 36:20 blessing 6:17 block 36:8 60:25 61:6 blood 104:13 Blue 95:7 board 1:4 2:4,6 2:6,7,8,8,9,10 2:11,13,14,15 2:17,21 5:4,7 5:9 6:7,12,22	7:5,8,14 10:13,25 11:8 12:23 25:7,8 25:9,14 26:7 29:6 30:23 31:20 33:10 35:10 41:21 58:20 60:23 66:7 71:19,20 74:20 78:7 79:16 82:4 86:20 88:18 91:3,5 92:13 93:18 94:11 99:8,10 101:18 106:11 109:13,21 111:16 118:5 119:17 120:3 bold 23:14 Boost 24:8 boot 24:19 bore 81:11 boss 34:17,21 bottom 20:19 Boutin 3:13 box 59:13 breaking 15:3 break-even 47:23 Breast 3:18 brevity 106:10 brief 6:8 briefly 12:25 13:24 bring 72:12 79:11 80:14 114:23 bringing 28:2 brings 57:13 broker 73:8,20 73:21 75:5 77:6,7 brokerage 77:20	brokers 76:18 77:12 Brook 51:4,6,8 brought 61:9 BSN 3:17 buck 23:5 building 34:12 34:15 Business 3:4 button 23:8,23	104:7,20 108:9 118:18 118:19,21,24 119:3,4,5,8 119:10,10,12 119:23 carefully 23:7 23:10 carrier 78:9 Caruso 2:9 28:8 110:11 case 8:18 9:17 68:25 82:2,3 82:10 103:18 categories 74:21 causing 51:6 Cayman 75:23 Caymans 76:8 CCU 27:23 CD 12:19 celebrating 24:25 census 8:15 26:15 center 1:8 3:18 48:2 87:10,11 87:13,15,17 87:18,19,20 87:23,24,25 88:3,5,21 92:16 93:21 93:22 95:9 118:20,20,23 118:24 119:2 119:3,4,5,9 119:10,11,13 119:15,20,21 CEO 6:23 8:9 29:7 35:6 69:24 certain 13:21 19:22 28:15 57:22,22 102:13,14 certainly 9:2
B			C	
B 86:12 back 8:12 14:9 18:6 20:23 31:3 42:6 50:9 77:8 89:7,22 94:10 104:10 106:7 109:12,13 115:4 backed 76:10 background 85:17 backup 84:21 112:16 bacteria 84:21 84:23 bang 23:5 Barbara 3:3 based 17:2 18:22 28:20 39:23 57:21 59:22,23 61:2 64:14 67:9 70:11 114:6 baseline 17:4 basically 13:15 40:7 52:4 74:3 105:9 111:5 basis 33:11 74:6 99:8 Beach 10:3 87:17 119:3 beating 17:12 Beatriz 2:17 30:11 34:7 106:10			C 2:2 calculated 67:21 call 5:25 19:13 19:16,24 23:8 23:23 40:24 42:22 108:8 called 10:7 11:20 13:6 24:8 69:17 117:13 calls 20:10 camp 24:19 candidates 112:20 capable 112:6 Caprioli 2:12 110:11 captain 106:18 captive 74:7 75:24 76:5 care 1:2 3:24 4:6 10:10 13:18 14:17 15:14,21 26:23 27:6,17 28:5 39:8 44:2,4 56:24 87:9,10,12,15 87:17,18,19 87:23,24,25 88:2 93:23 96:24 101:6 103:18,22	

82:14 113:16 116:4 certification 46:20 121:2 certified 28:9 certify 121:8 certifying 28:4 chair 3:20 9:11 chairman 2:6 3:9,11,14,14 4:5 8:23 11:12 16:12 35:12 46:13 49:23 59:23 80:15 109:9 Chairmen 97:4 challenges 7:23 Chan 51:14 change 6:16 16:3 19:9,13 21:14 78:8,10 97:17 108:21 113:5,13 114:18,22 changed 16:2 20:14 changes 78:16 96:21 97:14 97:15 100:5 114:20,23 charge 16:13 24:22 60:2 100:20 Charles 4:5 check 48:7 68:21 104:12 104:13 Chief 3:8,24 Children 88:4 119:14 Christine 3:17 Ciampoli 2:20 7:9 11:4 31:19 32:5,18 34:4,11 35:7 59:10 94:22	106:16 115:10,12,18 CIOTTI 7:21 8:6 City 23:16,17 Civil 31:12,15 32:9,16 117:22 clarify 66:6 class 28:12 cleanliness 15:18 clear 38:7 39:8 61:21 74:12 74:16 77:18 94:6 cleared 32:15 117:22 clearly 57:15 69:22 clinical 36:15 close 15:2 CMS 12:23 14:3 15:13 18:20 CNA 3:23 Cohn 2:8 8:5 11:14,16,23 12:3 16:17 17:9,11 22:13 24:2,4,21 25:6 44:19,23 45:9 47:10,16 47:18 48:6,22 49:14 50:17 51:17,20,24 54:7,14,20,24 55:5,21,24 56:3,6,12,17 56:23 57:3,5 57:15,20 58:3 58:20 59:6 61:7 69:3,8 69:13 71:3 77:2,18 79:3 79:10,14	85:10 86:2 91:5 93:9,12 97:16,23 98:3 98:6,11,18 99:11,14,17 100:6,12,19 101:7,19 102:7,17 103:10 104:14,22 105:14,17 115:15,16 collectively 55:24 College 83:19 83:22 column 23:15 come 10:20,25 25:2 64:21 66:17 91:25 104:10 comes 38:18 52:24 69:16 69:20 89:3,22 94:12 comfortable 60:7 67:20 coming 36:6 44:24 108:19 comment 31:25 115:10 comments 6:8 7:17 commercial 74:4 78:25 79:8 commercials 24:16 commission 76:23,24 77:12,21 79:7 commitment 28:19 36:13 commitments 43:12 committee 1:4	2:4 6:3 7:7 12:6 29:14,17 29:22,23 30:8 30:15 35:5 71:16,18 94:12 106:12 106:13,14 109:10,12,20 109:22 110:9 111:13,24 112:21,25 113:2,19 114:24 117:6 117:16,20 120:2,4 commonly 95:13 Commons 87:19 119:5 communicate 49:24 94:21 communicati... 15:15,16,20 communities 44:2 87:2,6 118:11,16 community 44:5 companies 73:7 73:14 75:8 company 24:8 24:11 73:21 77:3,5,7,10 86:18 compared 78:20 compensate 61:15 92:20 compensated 61:14 compensation 7:6 31:4 35:14 61:13 completed 19:16 20:2,5 20:6 47:15,18	48:19 completely 107:11 complexity 40:12 67:9,10 compliance 2:19 36:12 54:9,11 98:4 complicated 69:16 complied 52:4 comply 52:5 component 18:23 21:21 components 13:9,22 comprehensive 12:21 38:5 concern 50:23 51:12 concerned 75:17 concerns 7:17 Condition 18:25 confident 33:7 confirm 42:15 confirmed 76:3 conflict 68:22 confuse 69:23 confusion 53:23 congratulate 6:22 Congratulati... 32:24 connection 109:24 120:6 consent 53:3 consist 110:9 consists 16:10 consort 40:9 consortium 85:20 consult 40:24 consultants
--	--	--	---	--

112:9 contained 86:18 contention 113:9 contingent 92:17 102:9 continually 8:16 continue 27:14 83:22 106:15 continued 111:14 continuous 26:3 continuum 96:23 contract 5:14 5:19 20:12 24:8,10 38:15 48:21 49:11 49:12 56:10 60:20 62:4 69:2,9 70:22 72:24 73:5,9 74:13 77:23 85:5,6 86:11 88:16 89:3 103:7 109:19 109:24 119:25 120:6 contracting 39:16 40:13 42:10 43:3,4 50:6 55:3 contractors 72:6 contracts 6:10 35:5,16,19,25 36:8,9,16,18 36:22 37:3,7 38:25 39:15 41:13,19,23 41:24 42:18 42:22,25 43:6 43:8,10,13,23	43:24 44:11 45:7,10,16,20 45:25 46:15 52:10,18,23 52:24 53:4,17 53:18,20,22 54:4 57:11 61:13,24 62:2 70:17 71:7 72:18 85:23 86:22 88:10 88:20 91:3,8 92:15 93:20 94:12 117:7 118:7 119:19 control 108:16 117:6 controller's 80:21 cooperative 91:25 92:4 coordinate 100:7 coordinated 39:8 coordinating 40:12 100:9 101:12 coordination 101:2 copy 12:19 core 13:24 corporate 82:5 corporation 1:2 6:2 30:23 70:8 correct 32:6 37:16,17 47:9 53:10 55:15 59:2 61:19 62:13,23 71:6 71:21 72:4,21 74:18 75:9 76:25 103:6 cost 19:8,13,14 20:8 96:11	98:4,14 counsel 2:21 6:12 7:8 114:4 country 108:21 county 10:11 87:5 88:20 102:6 118:15 couple 8:16 10:8 course 57:20 court 5:11 79:25 80:12 80:16 cover 30:13 76:5 coverage 75:16 90:9 coverages 75:7 covers 90:23 co-operator 89:2 92:23 co-operators 89:19 CPHQ 3:21 Cradle 10:18 crafted 107:3 Craig 2:19 create 38:9 52:8 created 16:9 99:2 creating 19:7 critical 26:23 27:6,17,24 28:5 33:21 criticized 43:23 Cross 95:7 cross-examin... 59:8 cross-examine 59:11 current 22:15 59:22,23 75:11 80:25 85:4 114:5	currently 59:16 78:4 111:25 113:3 cutting 10:9 Cyber 78:24 79:2 Cycle 4:4 <hr/> D <hr/> d 47:21 Daleview 87:18 119:4 danger 54:14 56:6 data 42:4 47:9 52:23 53:5,14 55:17 66:23 92:5 100:10 date 31:23 49:10 103:7 dates 75:22 David 2:11 3:12 110:22 111:2,10 day 8:11 9:8 47:5 121:13 dead 102:15 deals 15:15 debacle 81:23 December 27:8 decide 112:24 Deciles 21:11 decimal 14:20 decimals 14:18 decision 65:14 decrease 78:21 108:13 decreases 104:8 104:10 dedicate 111:7 dedication 6:10 define 95:22 definitely 82:13 Deitz 79:25 80:3 deliverable	52:10,12,13 delivery 38:9 DeLuca 2:8 33:18,19,24 34:13,23,25 60:13 94:16 101:14 105:22 106:4 106:7,16,21 DeLuca's 8:4 department 3:14 16:12 26:25 29:3 68:5 95:6 96:24,25 106:25 109:25 120:7 departments 97:5 deposition 82:9 deposits 70:13 Deputy 3:24 derived 61:12 descending 48:4 DESCRIPTI... 117:5 designate 41:6 determine 64:5 84:22 determined 66:21 73:10 determines 14:3 develop 100:3 developed 98:23 development 3:4 95:11,15 diabetes 104:12 108:9 dialogue 68:11 106:14 109:11 different 14:4 20:18 33:16
--	---	--	---	--

47:7,12 82:10 97:5 difficult 13:15 13:20 49:9 104:24 diligence 85:22 dinner 10:17 directly 13:10 director 3:5,6 3:13 31:12,13 32:8,11,19 44:17 51:7,15 110:24 112:8 directors 2:18 2:21 31:20 73:25 75:15 86:20 118:6 DIRECTOR... 1:4 2:4 DiSanti 4:3 disbursing 91:19 discharge 15:21 disclosure 77:25 discuss 31:7 discussed 41:18 78:6 113:7 discussion 29:19 30:7,21 72:23 94:25 discussions 99:20 distribution 70:12 92:21 DMAT 9:25 DNO 73:22 Doc 101:22 114:16 doctors 15:16 23:10,24 40:17 43:5 44:5 document 65:4 documents	98:25 107:6 Doddata 6:16 8:24 doing 24:17,25 25:20 27:13 27:14 28:5 33:10 38:23 58:15 60:15 82:8 96:12 99:22 dollar 66:4,12 66:18 67:4,6 67:9,14 dollars 54:19 55:20,21,23 55:25 62:25 63:13 64:7,11 64:12,20,22 65:25 66:9 67:11 70:4,10 70:11,15,16 71:17 93:4 door 107:12 doors 107:24 downside 54:21 DPM 2:12 Dr 5:20 6:25 7:2 8:8,10 17:21,22 18:11 19:4 20:8 26:19 27:13,21 28:8 28:11 30:6,10 30:24 35:11 43:7,9,22 44:12,16,21 45:3,12,24 48:5 50:22 51:19,22 52:15 56:21 57:2,10,19 58:9 59:3,7 59:12 60:8,17 61:4 62:9,13 62:14,21,24 63:7,9,10,12	63:17,18,22 64:3 66:6 67:18,19,22 67:25 69:6,11 69:15 71:11 71:15,19,22 72:2,5,11 73:13 76:16 76:24 86:24 89:6,12,20,25 90:15,21 91:13 92:24 93:5,11 97:7 97:8,12 99:24 99:24 101:23 102:10,20 103:16 104:20 105:4 105:15,19,25 106:6,19 107:3,8,21 108:5,11 109:14 110:11,11,13 110:15,15,19 110:20 111:25 113:8 113:15,22 114:2,12,17 114:21 115:8 118:10 DRG 21:22 DRGs 18:4,4 drill 14:16 drop 102:15 dry 10:2 DSRIP 29:10 29:14 35:20 37:3,7,18,23 43:25 44:10 45:15 51:7 52:9 66:8 70:18,20,24 71:5,17,24 72:9,15 86:7 88:11,19	92:14 93:19 94:11 99:5,9 99:22 100:24 101:24 102:11,12 103:9 108:20 110:25 111:12 112:18,21 114:24 117:19 119:18 DSRIP-related 36:8 due 39:16 85:22 <hr/> E E 2:2,2 earlier 31:21 49:13,14,15 111:18 earmarked 108:7 earn 14:9,10 18:7 earning 54:18 earns 18:6 East 1:10 easy 48:9 60:17 ED 27:6,16 effective 79:18 110:2 117:25 120:8 efficiencies 78:16 efficient 96:10 efforts 40:13 eight 56:22,24 Eisele-LaPla... 3:22 15:10 17:19 19:10 19:15 20:11 20:16 21:4,8 either 76:8 94:10	electronic 76:10 Elizabeth 2:24 emergency 3:14 26:24 33:11 Empire 95:7 103:19,19 employee 73:22 employees 10:15 92:20 employer 33:5 ends 23:13 engaged 24:7 engineering 9:13 enhanced 35:22,24 36:14 37:13 37:20 39:11 40:4,6 41:14 41:16 44:24 45:3,6 49:2,8 50:20 51:16 51:17 52:2 enlisted 9:11 ensure 81:20 105:10 ensuring 47:9 entire 13:3 37:23 38:19 91:15 96:23 100:25 entirety 8:22 entities 66:23 entity 45:19 environment 96:2 97:22 environmental 73:23 ER 27:23 Esq 2:5,8,18,19 2:20,23,24,25 3:2,3,19 essence 43:5 71:4
---	--	--	--	--

establish 111:3	executive 2:17	extra 22:10	83:25 84:3	focusing 109:5
establishing 108:12	6:3 10:11	extremely 12:21 13:20	feel 94:19	follow 104:7
estimates 22:6 22:7	11:19 29:12	e-mail 76:12	fee-for-service 97:22	following 86:8 86:21,22 96:6 118:6,7
evaluate 78:14	30:19 31:6		fellow 25:8	follow-up 47:10 77:4
evaluated 73:14	34:7 44:16	F	fellowship 26:20,23,24	food 10:22
evaluation 12:16	51:14 110:24	FACEP 3:13	26:25 27:9,25	foregoing 121:9
evening 5:2 7:6 30:3 32:10	112:5,25	FACFAS 2:12	fellowships 27:6,7	foreseeable 56:19 58:7
111:18 116:4	113:18	facilities 4:2 68:24	felt 74:22,25	forget 20:13
event 10:22	115:19	Facility 87:9 88:2 93:24	Ferrandino 3:15 9:10	form 85:15
Eventually 99:13	117:12,17	118:19	file 76:14	format 80:18
Everoski 86:25 118:10	exemplary 58:16	119:12,23	fill 58:17	forth 109:17
everybody 8:3 10:19 15:11	exhibit 29:21 30:4 86:12	FACP 3:16	finalized 30:2	forthwith 32:16 117:23
33:12 78:24	EXHIBITS 117:4	FACR 3:7	finally 27:18 36:5	forward 7:19 7:23 36:6 42:9 45:18
102:4 116:5	expect 49:5 79:8	fact 26:7 28:21 58:4 105:19	Finance 4:3 29:16,22 30:8 30:15	find 112:20
everyday 105:12,12	expected 49:12 54:6	factors 81:11	find 61:10	fine 61:10
EVP 2:21 3:4 3:23	expecting 52:3	fair 59:3	finish 86:7	finished 27:8
EVP/CFO 3:8	expects 57:23	fairness 47:21	first 6:8 13:12 27:19 28:12 36:2 41:11 48:16 50:11 66:8,10 79:24 94:13 98:23 100:14 101:5 115:15	first 6:8 13:12 27:19 28:12 36:2 41:11 48:16 50:11 66:8,10 79:24 94:13 98:23 100:14 101:5 115:15
EVP/Chief 2:18	expenses 95:10 95:15	fall 81:3,25 82:9	finish 86:7	four 17:8,9,10 22:19 27:7 66:5,23,24 73:13 84:17 102:23 107:19 110:2 120:8
exact 21:23	Expense-Based 117:7	falls 44:12	finished 27:8	four-month 28:3
exactly 14:13	experience 96:9 101:7	familiar 64:18 68:6	first 6:8 13:12 27:19 28:12 36:2 41:11 48:16 50:11 66:8,10 79:24 94:13 98:23 100:14 101:5 115:15	four-year 95:19 110:4 120:10
example 53:13	experiences 15:14	family 6:25	four 17:8,9,10 22:19 27:7 66:5,23,24 73:13 84:17 102:23 107:19 110:2 120:8	FQHC 111:15
exceed 79:19 84:25 118:2	expiration 75:22	far 17:5 58:15 60:16 63:5	four 17:8,9,10 22:19 27:7 66:5,23,24 73:13 84:17 102:23 107:19 110:2 120:8	Frank 2:15 4:5 6:16 46:6 61:3 73:12 81:18 83:14
excellent 11:8	explains 26:20 56:21 69:21 69:22	Farmingdale 83:19,21	five 35:16 39:12,22 50:15 62:9 69:8 88:20	Friday 9:9
excited 7:18,22	explained 68:4 101:3	Faughnan 2:24 68:8,13,17,18 83:5	five-year 84:19 84:24,24	front 23:12
Excuse 115:14	expressed 51:11 97:9	favor 6:5 11:23 12:7 29:15 30:20,24 32:16 79:21 86:6 88:15 94:2 110:6 116:3	fixed 78:2	fulfill 75:8
execute 34:6 88:18	Extended 87:9 87:24 88:2 93:23 118:18 119:9,12,23	February 16:21	flat 77:16	full 5:9 6:7
executed 34:6	extensive 93:3	federal 69:18	flat-fee 76:22	
execution 86:21 92:13 93:18 109:19 109:23 118:7 119:17,25 120:5	extent 57:6	fee 77:16 78:2	focused 23:4	
			focuses 15:13	

30:23 34:9	37:3,14,17,19	63:14 64:17	62:10 67:11	gross 108:17
94:11 109:21	39:12,19,22	65:18 67:5	72:5,11 75:5	ground 34:5
112:25 120:3	40:6,21 41:4	69:3,4,9,11	75:12 77:19	group 38:25
full-time 111:7	41:9,22 42:10	90:16 96:2	78:8 84:6,20	74:21 84:18
Fulton 86:23	42:19,21 43:2	102:4 105:7	86:16 90:3	85:12,18
87:19 118:8	43:15,19 46:7	111:19	92:10,19,19	95:23 118:4
119:5	46:12 48:11	115:23	92:22 93:12	groups 68:23
function 37:22	48:14,18 49:9	Giuseppe 2:9	93:16 98:19	91:16
functionality	49:18,22 50:2	give 19:25	98:25 100:6	guess 46:2
65:2	50:7 52:6,12	26:12 47:22	100:14,20	guidance 107:3
functions 37:24	52:19,22	49:15 63:11	101:4,5,12,25	guidelines
fund 70:24	53:11,19 54:2	63:16 89:6,12	102:18,22	31:15 32:10
71:9,10 72:14	54:5,10,16,23	94:5 104:2	103:12,13,20	guy 105:8,9
72:17	55:2,9,16,22	given 27:13	103:22,23,24	guys 103:20
funded 70:17	56:9,15 58:14	33:4 47:13	104:22,25	
funding 70:3	59:16,22 60:4	48:6	105:21 108:6	H
95:8,14	60:15 61:4,15	gives 63:7	108:8 110:9	half 93:6
funds 70:6	61:19,23 62:3	104:21	111:22,23	Halloween 9:21
88:11,19	62:7,12,16,23	giving 63:12,19	113:13	hand 112:11
90:25 92:14	63:21 64:7,23	89:25	good 5:2 7:4	121:13
93:19 109:23	65:5,8,12,15	Glenn 3:9	8:11 9:16	handing 23:6
119:18 120:5	65:19,23 66:4	go 11:9 12:24	11:11 29:3	handle 36:7
fund-flow	66:20 67:8	21:17 26:10	60:13,16	handling
92:18	89:5,10,17	30:18,22 31:3	81:16 104:4	111:24
further 30:14	90:7,10,14,19	31:5 34:3	115:4,25	hand-in-hand
31:16 115:2	90:23 91:9,14	36:6 37:8	116:4	99:21
Fuschetto 2:17	91:22 92:3,9	43:17 50:17	gotten 45:13	Hanson 26:20
5:8 37:11	93:3 94:4,14	51:8 75:5	government	28:7 88:15
80:4 84:9	94:17,23	77:25 79:6,9	108:19	110:11
future 9:18	100:8,18,22	81:7 92:8,19	go-around 55:4	happen 51:10
10:6 56:20	105:11	92:19,25	GPO 85:3,9,11	happened
57:18 58:8	general 2:20	103:23 104:5	85:17	29:24
FYI 80:5 82:21	85:25 99:20	112:24	Grandell 87:20	happens 43:20
83:17 84:15	generally 85:20	goes 8:2 18:19	119:6	90:24
G	gentleman 9:4	89:23 99:21	grant 57:21	happy 5:6 7:21
G 3:19	gentlemen 5:3	103:17	70:18 95:7,18	36:5
gain 19:3 22:10	geographic	105:10	98:21 99:3	HARCP 18:24
gained 17:24	48:2	going 12:10,16	107:2 108:5	hard 19:5 48:9
gala 10:17,21	geographical	16:14 17:11	grateful 108:2	83:15 111:12
Gallo 2:10	46:18	19:12,24 21:2	great 5:21 6:19	hardworking
Ganey 19:14	Gerald 3:2	22:18 25:13	7:25 10:21,22	9:4 11:6
19:21 23:17	Geriatric 87:11	33:17 34:8	10:22,23 11:2	Harold 24:25
gather 22:5	118:21	35:15 37:4,6	11:9 25:3	107:4
94:9	getting 15:3,7	38:20 39:4	27:12,15 28:6	HARP 18:17
Gatto 4:6 36:24	20:21,22	47:8,24 48:10	28:11 38:20	HCAP 15:12
	46:23 58:19	58:11,18,25	106:2 111:19	head 37:15

<p>101:10,11 heads 96:25 110:17 health 1:2 24:17 66:24 85:24 87:14 95:7 101:4 106:25 109:25 118:24 120:8 Healthcare 6:2 healthy 108:14 hear 34:19 85:16 heard 68:12 Heatley 3:4 held 24:18 29:19 30:21 72:23 94:25 Helgerson 51:8 help 9:11 23:9 23:9 24:12 38:22 92:2 100:3 111:8 helped 16:6 24:20 106:17 111:3 helpful 21:15 21:25 80:20 101:16 helping 97:13 helps 103:4 Hempstead 1:9 hereunto 121:13 Hermine 9:7 Herrera-Ace... 87:4 118:13 HHC 50:2 high 8:17 10:2 26:8,8 highlight 13:2 highs 8:15 hire 25:25 32:5 104:6,6 hiring 27:22</p>	<p>31:18 50:22 58:16 historical 8:14 hit 9:17,21 34:4 hitting 8:14 hold 60:11 holding 8:16 Holly 87:8 93:23 118:18 119:22 home 35:8 39:5 63:19,24 103:25 104:7 115:4 116:5 homes 10:4 39:6 honesty 55:16 hope 59:4,6 104:8 hopefully 10:24 12:18 78:15 hospital 3:13 5:4 8:22 10:4 10:15,16 13:17 14:15 15:17,19 16:9 18:6 23:6 25:22 74:5 87:2,3,6,8 88:4 89:23 96:14,24 104:11 108:4 108:10 109:2 118:11,13,16 118:17 119:14 hospitalizati... 96:4 hospitals 21:22 44:3 66:25 85:21,23 102:5,25 hospital's 14:11 76:4 Hospital-Acq... 18:25</p>	<p>hospital-wide 102:25 hours 112:14 housekeeping 9:12 HR 112:2 HUB 35:25 37:16,25 40:11 42:2 51:3 55:11 56:15 58:15 58:18 60:5 65:16 112:23 HUBs 37:22 38:13 40:9 42:17,21 43:11 44:13 48:20 50:16 50:24 70:14 111:6 human 2:21,22 6:18 hurricane 9:6 9:19,25 Hutcheon 3:10</p> <hr/> <p style="text-align: center;">I</p> <p>ICU 27:23 ICUs 26:6 idea 27:25 49:16 identification 84:22 identified 7:4,8 35:23 51:20 identify 46:10 49:10 IGT 69:17,25 illness 6:14 Imbrotto 2:25 immediately 77:17 impacting 25:22 impediment 68:19</p>	<p>implementati... 95:11,16 implemented 24:15,18 importance 26:9 important 39:2 40:10 41:12 impression 9:3 improved 22:16 25:4 improvement 12:15 16:20 17:16 21:3,5 21:7,20 23:19 incentive 54:12 54:19 62:17 64:14 incentivize 62:19 include 74:6 109:16 including 73:11 increase 8:18 16:5 78:21 103:21 increases 17:17 indefinite 41:2 41:7 INDEX 117:2 indicated 39:8 indication 22:14 38:8 52:7 individual 38:2 38:12 40:16 50:8 53:15,21 individually 38:3 60:25 61:6 individuals 27:5 32:6 industry 97:19 inform 111:21 information 52:21 94:10</p>	<p>informed 110:22 initial 39:24 107:2 111:3 initiate 24:12 initiative 13:8 13:9 initiatives 15:6 16:8 inordinate 81:19 instituted 9:9 28:13 instructions 15:21 instrumental 44:7 107:11 insurance 73:8 73:14,18,20 73:21,22 74:4 75:6 77:3,5,6 77:7,9 78:25 insurances 73:24 Intagliata 4:5 46:11 47:6,13 47:17,20 61:3 73:12 80:9,11 80:14 81:16 82:12,21 83:13 integrate 38:21 integrated 38:9 38:12 integration 38:22 100:23 intend 10:5 intent 114:7 interest 97:9 interested 56:23 interesting 81:10 Intergovern... 3:6 interim 112:8</p>
--	--	---	--	--

internal 48:19	Jemma 2:14	knocked	Lastly 78:18	88:25 89:4,8
interrupt 11:15	job 25:3 28:6	107:24	88:17 92:12	89:24 90:10
interruption	105:11	know 6:9,11	late 9:22 67:5	90:13 91:8,19
75:15	111:19	9:16 11:7	Laurie 3:16	92:16,17,23
interview	John 2:20 3:8	12:20 14:5	Law 85:25,25	93:21,22
112:22	7:9,19 11:4,5	15:11 17:13	LCSW 2:6	103:21 111:7
introduced	11:10 31:18	18:15 19:5	LD-200 80:16	115:5 119:20
107:13	32:5,9,18,25	21:19 22:20	81:5	119:22
Investigative	33:3 37:8	26:3,12 29:6	lead 56:15	lighter 6:21
3:16	55:14 69:20	33:21 34:2,14	leader 112:5	liked 49:19
invited 10:14	69:21 71:11	46:6,7 49:22	leaders 106:3	Linda 2:7
involved 47:3	78:3 95:3	58:6 68:8	leadership	list 12:22 37:10
65:13 76:23	101:3 106:22	81:25 82:23	16:11 27:24	42:16 48:6,12
97:2,10	join 10:25	97:7 100:16	leading 31:7	48:14,17 49:2
109:15	journals 112:4	101:11,20	learned 11:6	49:8 50:20
in-house 28:3	judge 59:9	103:12	lease 84:19,24	52:2,5 68:21
28:24 70:19	74:21	104:19,23	leasing 84:20	listed 68:24
IPA-affiliated	judicial 33:13	105:18 108:2	leave 28:10,16	listen 23:7
42:14	33:14	108:15	51:2,5 59:13	listening 23:10
Island 84:18	Judith 3:22	109:14	91:3	literally 12:24
111:15 118:4	Judy 15:5,9	113:14	leaving 111:6	little 8:3 25:3
Islands 75:24	June 73:9	115:23,24,24	115:20	26:13 27:9
isolated 71:24		115:25	left 23:13 28:13	69:15
72:16	K	knowing 34:13	28:17	lives 46:17 48:3
issue 14:18	Kann 31:11	knowledge	legal 2:23,24	57:12 91:11
47:4 49:7	32:11 33:4	68:14	3:2,3 68:3,5	91:11,12
53:17 68:16	Karen 3:19,24	known 11:5	80:20 114:4	LMSW 3:10
94:18 113:24	Kathy 3:23	33:15 95:13	lengthy 42:11	location 9:24
113:24	15:5 16:15	knows 15:11	46:9	46:17,18 48:2
issued 48:13,15	25:18 26:19	33:6,6	Leslie 3:19	lock 60:9
48:17	99:25 110:14	Komanoff	letter 28:14	long 10:3 27:2
issues 35:23	keep 35:17	87:11 118:20	let's 26:17	42:9 84:18
48:25 50:19	40:11 64:16		32:12 45:9	91:4 109:4
51:6,21 75:20	108:14,25	L	54:20,21 86:7	111:14 118:4
76:8 91:17,18	keeping 96:13	lab 84:8	103:14	longer 27:9
91:20	keeps 18:5	label 53:9	level 14:13	28:21 45:19
items 34:3	104:12	Labor 8:11	22:15 26:8	45:22
	Ken 2:22	labs 83:25	38:10 67:10	look 7:22 13:21
J	kept 33:7	lack 35:25	LI 23:17	23:15 38:19
J 2:11 86:25	Kessler 2:22	lacking 25:11	liaisons 110:13	55:17 83:10
118:10	Kevin 4:2	ladies 5:3	lied 48:3	103:13
Jack 31:11	kids 8:11	laid 82:20	lieu 76:17	115:22
32:11	kind 48:21	language 53:2	life 33:14 42:16	looking 7:19
Jason 51:8	73:17 94:18	53:8 70:2	104:17	10:19 39:25
Jeff 95:4 107:4	94:20 99:21	larger 63:22	LIFQHC 43:3	100:15 112:3
113:20 114:4	107:5	lasting 9:2	65:24 66:25	looks 103:19

lose 14:9 19:3 21:20 54:12 54:22,25 56:4 89:16	74:11,18 75:4 75:9,13,18 76:2,11,15,20 76:25 77:14 77:22 78:10	margin 63:23 margins 63:16 Marie 3:5 60:19 Marie-Hanson 2:14 25:19 26:4,18 88:8 88:13	mean 71:19 101:21 105:6 meaning 74:16 means 64:15 meant 76:24 measure 50:14 measures 13:25 mechanism 73:16 media 10:13 Medicaid 98:2 109:5 medical 1:7 3:8 3:20 39:5,6 68:23,23 74:7 76:4 78:5 82:2 88:21 92:16 93:21 93:22 95:9 119:20,21 Medicare 18:5 Medicare/M... 108:15 medications 15:20 medicine 3:11 108:23,25 meet 40:23 41:25 56:7,9 59:20 63:2 99:11 100:13 102:13,17,21 105:11,12 meeting 1:5 6:3 6:7,10 29:14 29:22,23 30:8 31:22 35:9,18 36:3,9,22 40:19 41:20 41:24 50:8 51:12,13 56:13,18 57:17 58:5,7 58:10,21 81:15 102:9 106:11,20	117:20 meetings 78:7 81:21 82:4,5 82:6,18 106:8 meets 92:5 Megan 2:18 member 2:7,7 2:8,9,10,11 2:12,13,14,15 5:7 members 2:4 5:4 7:14 10:12,13,15 10:24 25:8 41:21 66:7 106:12 110:10 Memo 117:6 memory 6:17 mention 33:3 110:21 mentioned 106:3 met 7:7 47:6 58:24 62:17 62:18 91:16 99:6,8 111:18 methodology 13:21 15:23 15:25 16:4 17:15 20:18 108:22 metric 62:16,18 63:6 67:9 89:9 100:14 metrics 50:13 54:12 55:8,10 55:18 56:8,10 56:14,19,22 56:24 57:18 58:7,11,25 59:20 63:3 90:2,6 91:15 92:6,25 93:4 99:6,9,12 102:9,11,18
loses 18:6 55:13 losing 16:23 55:3 56:7 loss 22:8 98:16 losses 59:14,17 lost 14:6,12 17:22,24 18:12,23 21:16 55:5,10 55:11,25 64:17 lot 21:13 24:18 27:21 96:16 Lotenberg 3:6 34:10,16,20 Louis 2:25 lowest 14:20 16:19 74:23 74:24,25 low-lying 10:5 luck 111:13 115:4 Luckily 9:15 25:24 Lui-Pancho 3:20 Lyn 3:20 Lynbrook 87:21 119:7	78:22 79:5,13 79:22 95:4,24 96:19,22 97:3 97:6,18,25 98:5,8,15,22 99:13,16,19 105:12 107:2 107:20 mail 15:24 19:7 76:10 maintain 113:17 114:5 major 9:24 41:25 making 20:10 47:25 54:11 63:4,15,20 96:9 malpractice 74:8 76:4 78:5 82:3 managed 103:17 104:20 management 3:22 4:4 15:19 24:13 74:7 Manager 3:18 managers 24:19,22 112:12 Mancuso 3:17 mandate 15:12 26:7 mandated 97:16,24,24 97:25 Mannle 4:2 March 48:18 50:10,10	mark 29:20 86:11 market 78:25 marketplace 75:6 Marsh 72:25 73:6,6,15 74:19 75:19 77:15 79:18 117:24 Mary's 88:4 119:14 matched 69:18 math 26:13 matrimonial 82:9 matter 105:19 113:21 matters 31:7 Maureen 2:21 3:10,21 12:10 12:16,17 25:18 99:25 110:14 Mazel 6:24 MBA 3:7 McDonald 25:2 46:7,11 73:11 107:4 McGlynn 3:24 MCO 104:3,3 MD 2:9,10,11 2:13 3:7,9,11 3:13,14,16,20 4:5 Meadow 1:10 Meadowbrook 87:23 119:8		
<hr/> M <hr/> M 2:8 machine 84:20 84:21 Madame 86:10 Maher 3:8 37:4 37:9 55:15 56:2,5 69:21 70:3 71:6,14 71:16,21,24 72:4,8,13,21 72:24 73:4,19				

102:21 105:8 MHA 3:21 MIC 84:10 Michael 2:5,8 3:15 4:6 86:24 89:6 91:20 118:10 middle 23:15 23:18 93:10 103:13,15 107:23 Mike 9:10 37:12 39:10 59:14 60:10 100:19 milestone 41:25 milestones 44:8 million 55:4,22 55:25 56:2 89:11,14 95:19 98:6,8 98:12,13 102:23 103:11 104:5 110:3 120:9 mind 40:11 minutes 11:17 11:19 12:5 29:12,13,23 30:2,16 31:21 35:16 36:10 117:10,12,15 117:18,19 Mirotznik 2:5 5:2,10,16,21 5:25 7:3,16 7:25 8:8 11:14 12:2,8 17:21 25:17 29:2,5,9,16 30:18,22 32:13,22 33:12,25 34:18,25 35:6 35:13 55:13	60:6,9 61:16 61:20,25 62:5 62:8 69:24 72:19 74:9,15 75:4,10,14,23 76:9,13 78:3 78:18 81:13 81:17 82:14 86:10 88:23 93:14 106:9 106:22 107:25 109:6 110:8 111:16 114:25 115:9 115:14 116:2 missed 6:20 9:5 misspoke 114:3 mix 8:18 model 102:2 modified 42:22 42:25 moment 48:24 Monday 27:4 money 14:8,9 14:10,11 15:4 18:7,19,20 54:22 55:5,10 56:7 57:23 64:2,14 69:16 69:17,18,20 71:12,22 72:7 72:9 89:2 90:17,21 91:19 92:24 93:6 102:3,8 102:8,19 103:17,17 104:23 106:24 108:5 109:4 moneys 70:13 70:19,23 72:15 monitor 103:3 month 49:16 months 8:16	27:7,10 80:25 81:7 83:12 more-detailed 81:9 more-so 39:15 mortalities 13:25 motion 5:25 12:7 30:18,22 31:11,17,24 32:2,13,17,21 79:17,21 86:5 86:9,13,19 88:7,12,17,22 92:11 93:9,10 93:15,17,17 93:25 109:17 110:5 116:3 MOTIONS 117:9 move 70:23 72:8,15 81:18 93:16 99:4 100:4 movement 21:24 71:10 moving 45:18 95:25 97:19 97:21 101:4 MPA 2:8 3:10 MPAC 12:6 117:16 MSN 3:23 Municipal 85:25 Mustacchia 3:11 97:8,12 99:24 110:15 <hr/> N <hr/> N 2:2 name 33:14 86:17 106:13 narrative 67:3 Nassau 1:2,7 6:2 35:21	40:14 42:13 53:13 65:23 66:15 69:6 86:25 87:5,6 87:24 88:20 92:15 93:20 93:21 95:9 102:6 118:11 118:15,15 119:9,19,21 national 14:13 108:17 nature 82:6 navigators 103:23 104:6 need 12:4 14:5 18:15 27:14 34:9 36:6,11 44:5 53:11 72:8 91:11 94:4,19,20 95:5 97:15 105:23,24 106:4,5,17 109:16 114:19 needed 23:9 31:5 35:20 70:21 needs 34:6 71:16 75:8 114:21 negative 14:14 Negotiations 42:12 neighborhood 18:9 Neither 43:10 Nemiroff 3:12 110:23 115:3 net 40:15,16 77:12,20 neutral 19:14 never 57:19 new 1:10 7:8 7:13 22:6	23:16,17 35:7 59:7 73:7 77:15 78:8 95:6 106:24 109:25 112:5 120:7 121:7 news 7:4 NHCC 2:20 73:8 86:20 88:18 92:13 93:18 94:11 109:20,21 114:24 118:5 119:17 120:2 120:4 nice 5:5 8:13 19:20 25:12 Nicholas 31:14 32:20 night 91:4 115:25 nine 27:10 non 40:14 noncompliance 54:8 nonpublic 40:14 nonresponsive 75:2 Normally 77:5 North 18:7 Northwell 24:17 Notary 121:6 note 6:21 58:23 106:11 noted 116:6 notes 121:11 notice 33:4 November 15:25 no-pass 24:15 NQP 3:12 35:21 63:9 66:14 70:5,6 110:24
--	--	--	--	--

<p>111:23 112:3 number 17:23 34:3,22 35:19 62:9,10 63:25 64:10 68:4 69:8 72:24 80:3 84:17 86:17,22,23 86:24,25 87:2 87:3,4,5,7,8,9 87:10,12,13 87:15,17,18 87:19,20,21 87:22,23,24 87:25 88:2,3 88:5,20 92:15 92:16,17 93:20 118:8,9 118:9,10,12 118:13,14,15 118:16,17,19 118:20,22,23 118:25 119:2 119:3,4,5,6,8 119:9,10,11 119:12,13,15 119:19 numbers 23:18 58:19 60:20 61:12,17,21 64:6 NUMC 12:14 13:3,10 14:6 30:23 35:25 37:16 40:11 42:2 43:4 44:14,17 53:13 55:17 57:4 58:15 60:5 65:23 66:13,16 69:11 70:5,5 70:13 88:11 88:19 89:3 90:9,12,15,17 91:8 92:14,20</p>	<p>92:22 93:19 101:5 104:4 111:11 119:18 NUMC's 55:11 numerous 107:17 nuptials 6:24 nurse 3:18 24:19 27:24 nurses 15:16 23:7 27:22,23 28:5 104:7 108:7 nurse-patient 25:21 nursing 3:25 9:12 10:4 16:11 23:22 63:18,23 87:13,16,21 87:22 88:6 103:25 118:22,25 119:6,8,16 Nyapati 3:14</p> <hr/> <p style="text-align: center;">O</p> <hr/> <p>object 59:9 objectable 68:12 objection 5:11 61:5,10 68:2 82:20 objections 82:25 83:4,6 83:8 obligations 62:4 obtain 58:12 obtaining 106:24 OB/GYN 4:2 occasions 47:7 47:12 107:18 occupancy 8:17</p>	<p>occur 97:15 occurred 53:9 53:23 occurs 52:7 Oceanside 87:25 119:10 October 9:20 85:5 106:11 octopus 101:10 offered 74:22 offering 64:10 Office 2:23,24 2:25 3:2,3,19 Officer 2:19 3:8,25 officers 73:25 75:16 official 113:23 officially 111:10 okay 18:3,19 27:14 79:17 103:20 104:4 106:22 109:6 old 34:23 115:4 once 45:24 50:9 77:25 ones 25:4,5 70:9 86:8 107:12,15 one's 101:6 one-page 23:3 one-pager 22:24 one-to-eight 26:11 one-to-two 26:6 ongoing 99:8 operating 71:5 72:3,10,17 operation 72:18 operational 95:10,15 operations</p>	<p>70:25 74:8 76:6 112:7 opinion 56:18 80:22 114:3 opportunity 63:3 opposed 49:10 order 6:2 36:12 46:24 48:4 72:14 85:13 organization 85:19 89:24 103:18 104:21 original 114:7 Orthopedics 4:6 outcomes 14:2 14:17 overall 37:21 51:14 oversee 104:25 109:22 112:15 120:4 oversight 35:22 35:24 36:14 37:13,20 39:11 40:5,6 41:15,17 44:25 45:4,6 50:20 51:16 51:18 101:6</p> <hr/> <p style="text-align: center;">P</p> <hr/> <p>P 2:2,2 packet 12:20 PAGE 117:5 paid 63:14 65:18 69:4,4 80:13 88:11 96:2,3 pain 15:19 23:11,25 24:13 paper 19:12,18 19:21 20:15</p>	<p>paradigm 108:22 parallel 100:22 parameters 57:22 102:13 102:16 parcel 43:25 91:15 Parenthood 87:5 118:14 Park 87:25 107:9,22 119:11 Parkview 88:3 119:13 part 29:21 39:4 43:24 46:25 48:9,9 50:24 53:14 76:14 77:8 78:11 91:13,14 96:8 100:8,8,25 participate 15:12 participation 57:6,7 particular 62:20 69:2 partner 51:11 55:14 partners 57:9 61:25 113:7 pass 16:14 25:6 90:25 91:7,9 passed 6:15 31:15 32:9 88:16 91:2 patience 31:5 patient 3:24 13:23 14:19 14:23 15:6,14 16:24 17:4 38:6 96:5,6,7 96:8,9,14 patients 8:21 8:21 10:3</p>
---	--	---	---	---

39:3 40:16	16:4 17:17,20	per-month	25:14 31:23	93:5,11
104:10 108:8	21:4,10,10,17	62:25 63:13	34:10 79:11	101:23
109:5	21:18 57:24	63:15 64:4,8	84:9 94:21	102:10,20
patient-cente...	57:25 58:5	64:11,21,22	pleasure 35:11	103:16
39:4,6	59:19 60:5,7	66:2,5,10,12	plus 22:12	104:20 105:4
Patterson 87:8	67:25 108:17	67:14	PMNR 3:20	105:15,19,25
93:23 118:18	percentage	per-student	PMO 50:23	106:6,19
119:22	18:3 21:21	84:2	58:17	107:8,21
Paul 3:11	76:17	per-visit 96:3	point 15:5	108:11
pay 14:7 64:13	percentages	per-year 84:5	19:23 49:6	109:14
70:25 72:6	18:4	petitioned	50:13,18	110:13,19,20
100:11 108:7	percentile	102:3	60:13 67:13	111:25 113:8
108:24 109:2	16:19 20:20	Pharmacy	87:15 118:25	113:15,22
paying 65:21	perform 89:13	31:12,14 32:8	points 17:15	114:2,12,17
66:14,15 69:5	105:2	32:12,20	policies 74:4	114:21 115:8
69:13 89:21	performance	phone 16:2	75:21 76:19	Politi's 107:3
payment 13:8	12:15 13:17	19:6,13,16	79:8	pool 14:8 18:3
38:16 62:17	14:7 22:15	physicians 44:6	policy 53:25	poor 54:9
92:14 93:19	100:11	46:21 86:24	54:3 80:24	population
109:23	period 6:13	118:9	97:15	108:14
119:18 120:5	8:25 16:25	place 42:18,23	Politi 2:13 5:20	population-b...
payments	17:4 27:2	42:25 43:6,8	6:25 7:2 8:8	102:2 103:2
88:10,19	28:3,15,22	43:10,14,24	8:10 26:19	portion 35:2
pay-for-repo...	40:25 41:3,5	44:11,20 45:2	27:13,21	position 26:16
98:24	47:11 52:14	45:11,14,17	28:11 30:6,10	110:23 112:9
PC 84:19 87:4	95:20	49:13,21 50:9	35:11 43:7,9	113:21,23
118:4,14	permission	52:11 75:6	43:22 44:12	117:6
PCAs 26:12	60:23	76:18 86:14	44:16,21 45:3	possible 107:9
PCG 40:24	permitted 54:6	96:17,21,23	45:12,24 48:5	possibly 56:17
Pediatrics	person 6:19	99:15	50:22 51:19	78:8
86:23 118:8	34:11 105:6	places 77:6	51:22 52:15	potential 54:17
Peggy 51:14	112:2,22	plan 9:10 12:15	56:21 57:2,10	54:18,22,25
penalty 18:18	personality 8:4	38:19,20	57:19 58:9	55:2 57:11
54:8	personnel 5:5	39:24 98:18	59:3,7,12	power 54:13
pending 31:12	82:17 106:13	98:23 101:16	60:8,17 61:4	58:12 109:21
penny 58:12	perspective	103:19 104:2	62:13,24 63:9	120:3
people 10:22	75:11	104:4,16,17	63:12,18,22	PPS 35:21
28:2 32:15	per-click 96:2	105:2 107:14	64:3 66:6	37:22,23,24
48:7 58:16	per-discharge	Planned 87:4	67:18,19,22	38:10,24 40:2
63:23 65:15	96:3	118:14	67:25 69:6,11	42:20 44:12
68:5 81:24	per-member	plans 95:11,16	69:15 71:11	50:15,25 51:2
84:8 101:17	62:25 63:13	Plastics 84:18	71:15,19,22	51:4,6,11
103:8 107:13	63:14 64:3,8	118:4	72:2,5,11	55:9,13,19
107:16	64:11,21,22	Plaza 87:16	89:6,12,20,25	57:24 65:16
117:21	66:2,4,10,12	118:25	90:15,21	66:15 69:6,7
percent 14:21	67:14	please 12:7	91:13 92:24	70:9 110:25

PPSs 39:10,17 49:21 51:15 64:10,24,25 70:6	primary 10:9 prior 15:23 75:21 86:13 91:19	progression 47:24 project 28:18 59:20 60:18 98:16 112:12	13:13,16 17:7 80:24 85:18 95:17,22,25 96:13 97:20 98:10,17	97:23 100:13 104:15,24 105:5
practices 42:5 42:13,14	probability 57:7	projected 98:3 98:13	purposeful 24:14	questioning 50:25
predates 74:17	probably 27:19 74:14 78:23 104:16	projecting 59:15,17 60:2 60:4	purposes 70:16	questions 23:4 23:14 79:15 94:8
predicated 64:8	problem 5:15 57:16 94:14 94:19	projects 24:13 53:15 93:2 100:3	put 13:6 14:8 17:6 18:2 30:5 35:22 37:19 41:19 42:9 45:5 48:25 49:7 50:3 51:15,21 51:25 54:20 80:16,17 81:8 104:2 105:25 107:5 109:16	quick 6:9 45:23 83:17,18
preface 53:12	problems 27:22 29:6	promised 91:11	puts 42:6	quickest 45:13
Premier 112:10 112:16	process 30:12 42:11 45:23 46:3,9,12 48:19,21 49:11,12 50:9 61:3 77:19 78:7,17 81:4 82:20 97:10 109:15 111:22 113:4 113:5	promising 39:25	putting 78:12 86:8 112:17	quietly 83:20
premium 77:8 78:19	procurement 85:9,15,21	properly 81:21	p.m 1:13 116:6	quietness 15:18
premiums 77:17 79:4,5	produce 38:16	proposal 74:22 78:12	<hr/> Q <hr/>	quite 36:20 38:4 65:15
preparation 99:18	produced 49:6	provided 75:2 85:24	QBPR 13:7	quo 113:17
prepared 9:13 9:17,23 10:6 80:6	product 108:17	provider 38:6	quality 3:22 13:4,18 14:17 25:11 109:2	quorum 5:9
present 2:4,16 22:14 31:9 37:5,7 73:2 80:7,9 83:18 100:3	professional 33:13 80:23	proved 38:4	Quality-Based 13:7	<hr/> R <hr/>
presentation 12:14 83:10	program 13:5 14:4,7 18:2 18:17,19 19:2 38:17,23,24 39:9 67:16 70:18 95:13 101:25 108:12 111:20 112:18	provide 13:19 30:16 65:11	quantified 22:4	R 2:2
presented 36:2 38:2 41:23 105:3	programs 18:16 38:2 108:20	provided 75:2 85:24	quantity 13:19	ranged 46:16 46:23
presenting 95:3		provider 38:6	quarter 22:25 22:25 42:6,7 59:21	ranging 46:14 46:22
President 4:4		providers 38:15 40:15 50:8,12 53:21 61:14 62:6 64:14	Quality-Based 13:7	ranked 48:4 50:15
President/CEO 2:13		Psychiatry 3:15	quantified 22:4	ranking 24:3 47:22
Press 19:14,20 23:17		public 3:7 11:17 29:13 30:5 34:2 45:19 70:7 85:24 115:9 117:10,18 121:7	quarters 55:19	Rao 3:14
pressure 104:13		publish 112:3	Queens 35:21 66:15 69:7	rate 8:18 18:23 20:17,24 21:5 22:20 23:5
pretend 103:14		purchase 35:2 85:12	question 16:18 19:11 23:21 25:19 28:12 58:2,3 59:4 77:4 81:18 88:21,24 89:18 90:5	ratio 26:6,11
pretty 45:22 47:21 60:15		purchased 74:5		ratios 25:21
preventing 96:4		purchasing		reach 57:24
previous 76:20				reached 50:12
price 19:17				reaching 44:8 57:12

really 9:15 10:21,23 11:2 11:6,9 25:12 27:15 77:4 83:15 94:7 101:3 105:23 106:3	reduction 79:6 Reed 2:7 12:3,4 12:9,13 15:9 16:16 30:25 31:2 32:3,7 32:19 35:4,14 60:11	report 8:9,23 11:12,25 13:3 42:4 52:17,22 52:23 53:4,21 54:4 66:22,22 94:10 109:12 109:13	2:22 respectful 41:20 response 19:5 20:17,24 21:5 responses 16:5 20:23 responsibility 44:18 56:16 57:8,9 101:9 responsible 44:10,15 56:13 100:16 101:20 105:7 106:23 responsiveness 15:17 23:8,23 rest 28:23 restate 92:12 Restorative 87:22 119:7 result 22:19 resulted 16:23 retain 70:15 73:5 revenue 4:4 98:16 review 40:22 46:8 80:24 reviewed 46:12 reviewing 100:10 re-do 114:10 114:13 RFP 75:3 81:8 81:24 RFP'd 85:2,4 ribbon 10:9 right 15:4 21:7 26:16 46:24 51:13 52:19 54:17 55:14 59:24 60:3,5 62:11 77:18 77:24 79:2 89:19 91:21	98:11 101:22 103:14 105:16,21 107:13 108:16 Riper 3:3 5:18 80:8 82:24 83:2 risk 97:21 Rizzo 2:19 33:9 33:19,23 37:4 83:17,21 84:13,16 85:3 85:10,12 86:4 86:7 RN 2:14 3:12 3:17,21,22,23 3:24 Roarty 2:21 28:18 33:3 Robert 2:23 3:4 roof 78:13,14 room 33:8 51:12 68:5,20 round 7:10 24:12 rounding 24:14 rules 5:22 run 37:12 59:23,24 94:18 109:5 113:4 running 34:5 Ruotolo 4:5 Russell 2:12 Ryan 2:18 33:25 110:16 R3 83:18 R6 95:5
reason 114:10 114:13 reasonable 101:21 105:4 reasons 37:21 45:5 recall 19:17 24:9 46:13 receive 62:11 63:11 70:9,11 102:7,8,22 108:6 received 10:3 12:19 70:4 102:6 receives 70:5 receiving 66:9 66:11 90:18 109:4 recipients 65:21 recommend 97:14 recommenda... 11:20 117:13 record 22:11 29:18,19 30:5 30:21 34:19 37:8 65:11 72:22,23 76:3 94:24,25 110:8 recorded 35:18 recorder 29:25 records 33:17 recoup 18:21 recuse 68:25 redact 33:17 reduces 91:10	reevaluate 47:4 reflect 38:7 79:6 Reform 13:8 regress 102:24 regrouped 18:8 regulations 5:23 Rehab 87:13 87:20 88:3 118:22 119:6 119:13 Rehabilitation 87:14,16 88:6 118:24 119:2 119:16 Rehabilitative 87:12 118:21 reimburseme... 13:5,11 reimburses 13:16 reiterates 111:17 related 25:20 41:14 relationship 13:4 83:23 release 71:4,17 released 71:12 remain 28:9 78:20,23 79:4 remaining 112:10,13 remediation 52:8 remember 9:20 10:8 66:21 remind 58:23	reported 1:19 52:18 53:5,7 66:23 99:10 reporter 79:25 80:12,16 86:10 reporting 5:12 53:14 80:17 82:15 99:7 reports 111:4 representation 65:10 68:3 representatio... 61:2 67:24 request 46:13 75:3 81:12 101:22 114:3 required 12:23 19:25 20:4,6 67:11 requirement 99:2 requiring 51:7 Research 3:19 reserves 78:6 resign 6:14 resignation 115:5 resigning 110:23 resolution 79:24 92:18 109:9,17 resolve 51:9 resolved 45:25 86:20 91:18 93:8 109:18 118:5 119:24 Resources 2:22	S S 2:2 safe 116:5 safety 12:15 40:15,15	

sails 69:25	30:19 50:18	23:1 24:1	115:1,6 116:1	show 23:18
sake 36:19	74:24 79:21	25:1 26:1	121:14	25:12 34:8
Salvo 3:12	86:6 88:7,8	27:1 28:1	serve 7:13	35:7 99:6
Sandy 9:20,25	88:12,13	29:1 30:1	service 29:25	showing 14:15
Saracino 2:15	93:25 110:5	31:1 32:1	31:13,15	shy 5:7
satisfaction	second-in-co...	33:1 34:1	32:10,16 80:2	sicker 8:21
13:23 14:19	112:7	35:1 36:1	80:23 82:15	Side 73:24
14:24 15:7	Secretary 34:7	37:1 38:1	108:24	sight 37:20
16:24 17:4	secure 75:21	39:1 40:1	117:23	sign 5:20 28:14
satisfy 99:2	76:11	41:1 42:1	services 3:5,16	signed 5:14,19
saw 104:17	Security 3:15	43:1 44:1	3:17,24 73:5	significant
saying 48:10	see 11:11 14:25	45:1 46:1	80:17,18,22	36:16 54:18
52:2 53:12	17:7 22:18	47:1,19 48:1	81:10 89:13	96:19
66:13 74:16	23:12,20	49:1 50:1	session 11:19	similar 39:14
78:24 100:19	25:12,23	51:1 52:1	29:12 30:19	99:4,9
says 40:7	49:19 77:16	53:1 54:1	31:6 34:2	simpler 64:16
103:20	78:15 101:18	55:1 56:1	115:19	simply 47:24
scale 15:8 63:6	105:13 114:9	57:1 58:1	117:12,17	72:19
102:12	seeing 8:20	59:1 60:1	set 41:2,5,8,9	simultaneously
Scarmato 3:7	83:11 115:12	61:1 62:1	70:7 109:10	71:8
73:13	seen 5:16 59:10	63:1 64:1	121:13	single 107:23
scheduling	59:11	65:1 66:1	shadowing	sir 30:10 47:17
30:7,12	sees 114:19,21	67:1 68:1	84:7	65:19 67:19
school 8:12	segueing 39:7	69:1 70:1	Shake 110:17	115:8
scope 80:18	selected 46:15	71:1 72:1	Shannon 3:21	sit 12:22
81:9	send 19:22,23	73:1 74:1	12:10,12,18	sitting 100:15
score 23:20	40:22	75:1 76:1	17:2,10,14,25	105:15,20
25:5	sending 15:24	77:1 78:1	18:13 21:11	situation 33:21
scored 73:15	83:24	79:1 80:1	21:19 22:2,5	39:15
scores 22:14	Senior 4:3	81:1 82:1	99:25 110:14	six 81:7 83:12
25:23	sent 52:16	83:1 84:1	share 22:23	84:4
scoring 21:7	sentiments	85:1 86:1	61:22	Skarka 3:23
73:16 74:19	111:17	87:1 88:1	shared 24:21	22:22 24:3,6
scratch 98:21	separately	89:1 90:1	61:17	24:24 25:15
seamless 75:12	32:12 38:4	91:1 92:1	shareholder	25:24 26:5,22
75:13,25 76:2	71:7	93:1 94:1	82:5	29:2,4,8
search 111:22	September	95:1 96:1	sheet 84:18	99:25 110:14
111:23	1:12 5:1 6:1,4	97:1 98:1	Shelley 3:6	slip 81:25 82:9
112:19,21	7:1 8:1 9:1,20	99:1 100:1	34:10	slowly 15:7
season 9:19	10:1,10,18	101:1 102:1	shift 108:22	20:21
seat 100:15	11:1 12:1	103:1 104:1	Shore 87:13	snapshot 22:24
second 6:4	13:1 14:1	105:1 106:1	118:22	23:3
11:21,22 12:8	15:1 16:1	107:1 108:1	Shore's 18:7	soft 79:2
20:20 22:24	17:1 18:1	109:1 110:1	short 6:13 8:25	solely 25:10
22:25 26:24	19:1 20:1	111:1 112:1	12:14	somebody
26:25 29:15	21:1 22:1	113:1 114:1	shot 108:3	101:8 103:13

somewhat 78:25 101:2	standings 25:11	storm 9:7,14,17 9:22	68:22 73:4 77:23 80:12	35:18
son's 6:23	start 36:24 45:9 50:6	strain 84:23	89:5 90:14,19 105:2	task 47:15
soon 23:9	86:14 93:15	Strategies 107:10,22	Surgery 3:9,10	taught 34:16 34:20
sorely 6:20	103:24	strike 92:11 93:15	survey 16:22 19:17,18,21	team 9:8,25 58:14 73:10
sorry 11:14 12:22 62:10 79:5	107:16	strong 106:3	19:22,23 64:9 64:24	80:20 99:14 101:18
source 70:3	started 16:8,20 27:4,20 28:19	structure 101:2	surveys 15:24 16:2,5 19:6,7	105:10,23 106:2,5,17,23
South 40:14 42:12 53:13	44:10 50:7 111:20	Studdert 3:5 60:21	20:2,5,7 22:17	107:10 109:11
65:23 86:25	starting 41:10 98:21	students 83:24 84:4	Sussman 2:11 17:21,22	teams 74:25
87:6,12,15	state 7:12 36:13 38:3,10	sub 55:20,21	18:11 19:4	Technician 3:21
118:11,15,22 118:25	38:18 39:5,11	subdivision 73:6	20:8 30:24	telemedicine 103:24
speak 68:9 94:21	39:18,25	submitted 39:24 90:6	62:9,14,21,24	telephone 19:24 20:15
Special 2:19	40:20,22	107:6	63:7,10,17	tell 8:2 27:16 64:20 67:4,5
specific 70:15 102:11,21	42:16 43:13	substantial 63:15	76:16,24	ten 107:19
103:5 105:23	46:20 47:22	success 50:14 111:14	108:5	tentacles 101:12
speed 63:5 102:12	49:4 50:21	successful 46:22	system 24:4 38:9	tenure 74:17
spend 70:17 80:25	51:5,15,25	Suddenly 13:18	systems 38:13 66:24,25	Tepper 2:23 5:10,13,23,24
spent 47:7 81:19	52:17 54:2	sufficient 98:7 98:7	T	68:6 80:5
spoke 114:15	64:9,25 69:19	Suffolk's 51:4	T 47:21	82:19,22 85:8
Sponsored 3:19	80:19 83:19	suggest 93:14	table 18:14 36:19,21	85:16
spreadsheet 46:19 86:12	83:21 91:12	suggesting 49:11	take 17:11 26:12 32:13	term 79:20 84:25 110:4
spring 27:11	95:6 102:23	suggestion 106:10	45:21 47:4	118:3 120:10
St 88:4 119:14	106:25	Sullivan 4:3 73:12	60:24 65:9	terms 81:6 114:7,10,14
staff 11:4 15:17 23:8 90:9,11	109:25 111:5	summer 8:11	96:17,21,22	114:18,22
90:12,16	120:7 121:7	supervisor 112:14	103:10 108:8	Terrace 87:17 119:3
91:25 92:7,10 111:11	stated 31:20	support 25:8 67:23 95:10	taken 16:22,24 42:8 64:9	thank 5:3 6:6 7:2 8:23
Staffa 31:14 32:20	38:22 40:7,24	95:14 108:18	81:21	11:13,24 12:2
staffer 90:17	stating 28:14	supposed 44:20 57:14	takes 101:8	12:4,17 15:9
stand 34:10 113:11	status 113:17	sure 12:18 25:7 38:11 47:25	talk 16:15 54:21	16:16 25:3,9
115:13,19	stay 19:2 28:15		talking 13:24 49:17 57:5	25:13,15,17
standby 95:5	staying 33:20		61:23	25:18 26:18
standing 114:6	stenographer 81:23		tape 29:24	28:7 29:8
	stenographers 82:8			
	stenographic 80:22 121:10			
	Steven 2:8			
	stipend 67:15			
	Stony 51:4,5,8			

31:2,4 33:9 33:19,23 62:8 63:17 79:14 79:22 83:9,14 84:14 86:6 88:14 94:2,23 110:6,10,16 110:17,18 111:9 115:20 116:2 theft 73:23 74:2 theory 18:7 Therapy 87:22 119:7 thing 26:3 27:12,15 61:16 68:19 109:3 110:20 things 10:8 13:22 40:11 45:4 52:3 82:6 94:6 96:17 think 7:13 24:20 26:21 28:17 39:13 49:2 58:14 72:13 78:10 78:22 81:23 82:7 97:18 99:19 101:15 104:15 105:22,23 106:2 third 26:22 55:14 56:5 61:17,18,18 62:15 64:13 70:12,13,13 93:5 three 13:9 17:12 18:16 27:5 28:20 37:22 38:12 38:13 39:6,13	39:21,23 47:6 47:11 48:20 50:15 51:21 51:23 62:25 63:13 64:7,20 64:22 66:9,18 67:7,11 79:18 84:6,12 105:20 111:6 117:24 three-year 79:20 118:2 Thrope 95:4 107:4 113:23 114:4 Thrope's 113:21 Tim 73:12 time 6:13 8:7 8:25 10:20,23 11:2 12:10 16:25 25:16 27:2,19 28:16 30:15 31:3,10 31:16 35:5 36:2,21 40:25 41:3,5,6,8,10 41:21 47:2,3 47:7,11 50:3 52:14 53:20 59:17 81:8,20 81:22 99:4 107:23 116:6 timeline 101:17 106:4 timely 43:16 times 20:9 102:14 107:19,19 time's 36:19 Timothy 4:3 tip 15:8 tirelessly 45:14 TJC 12:24 today 7:9 17:6 110:22	113:11 toileting 23:10 23:24 told 5:13 tonight 5:6 7:20 32:6 36:10 41:14 41:18,23 43:18 46:5 68:16 80:2 90:25 91:8 94:8 top 23:14,20,20 25:5 33:20,22 46:23 48:7,8 total 84:5,6,11 89:10,16,17 95:18 tour 34:9 Tov 6:24 Townhouse 88:5 119:15 train 83:24 trained 82:4 training 28:4 28:21 transcript 35:3 121:10 transfers 28:23 transformation 38:5,6 100:24 transition 75:10 95:12 95:17 98:9,12 98:13,17,20 100:21 101:13 103:2 111:9 transitions 4:7 15:22 76:6 96:15 trauma 26:8 treating 96:5,7 96:7 treatment 113:10	triad 16:10,10 19:7 24:4,23 triads 16:13 24:7 triple 96:6 tropical 9:6 true 121:9 truly 9:3 truth 27:16 try 10:20 20:17 35:17 36:7,17 41:4 108:21 trying 49:4 turn 84:10 turnout 5:5 Turnpike 1:9 two 17:20 18:4 21:10,17 30:9 30:13 32:5,14 39:14 40:23 43:11 51:19 70:14 102:5 112:12,17,23 117:21 two-year 28:19 type 40:2 types 82:18 102:15 <hr/> U <hr/> ultimately 18:24 38:8,14 39:3 56:12 101:8 unanimous 6:5 11:24 12:9 29:15 30:20 30:24 32:22 79:21 86:6 88:15 94:2 110:6 116:4 unanimously 88:16 undergoing 112:2 understand	13:15 19:11 26:4 48:23 52:25 57:16 101:24 115:5 understanding 40:8 115:3 undertake 85:21 unfair 58:2 unique 48:21 uniquely 37:25 40:2 units 16:14 25:5 26:10 University 1:7 87:3,7 88:21 92:15 93:20 93:22 95:9 118:12,17 119:20,21 unnecessary 104:9 unusual 76:7 upcoming 6:23 update 30:16 94:5 upper 14:18 upside 54:21 USA 72:25 79:18 117:24 use 13:20 18:20 46:3 72:2 81:4 109:23 120:5 utilizing 24:11 <hr/> V <hr/> vacancies 26:2 27:18 value 36:16 value-based 13:12,16 17:7 38:16 95:12 95:17,21,24 96:13 97:20 98:10,17
---	--	--	--	---

108:25 Van 3:3 5:18 80:8 82:24 83:2 various 75:7 VBP 18:15 100:24 101:25 103:2 VBP-QIP 95:13 102:14 109:18,20 119:24 120:2 vendor 5:19 85:4 vendor's 80:25 venue 82:10 versus 67:6 Vice 4:3 Victor 2:10,13 3:7 73:13 Vincent 4:3 virtue 43:2,4 visits 103:25 volume 103:21 volunteered 100:2 volunteering 110:17 volunteers 99:24 vote 7:20 8:2 36:11,11 60:24 86:4 113:2 voted 30:3 votes 113:18 voting 61:5 68:16 VP 3:15,16,22 4:2,3,6	61:11 want 33:9 34:14 36:7 37:7,9 39:5,7 60:24 68:21 68:25 71:8 77:9,10 80:12 100:16,17 101:11 104:23 105:17 108:25 111:9 wanted 20:17 30:4 wanting 38:11 wants 91:3,5 Ward 3:16 warnings 51:24 Warren 2:6 wasn't 34:24 way 8:2 35:15 37:23 38:15 46:15 81:11 99:9 113:3 114:6 week 6:16 36:4 47:5 50:11 112:14 weekend 9:7 weekly 40:19 40:21 weeks 30:9,13 36:23 40:23 51:19 weighted 13:22 weights 14:4 Weiss 3:20 welcome 11:4 11:10 32:23 well-controlled 23:11 well-known 7:12 went 16:2 17:19 20:20 23:21,22	79:12 107:18 weren't 20:4 we're 15:7 17:11,16 22:11 24:25 26:22 49:16 58:5 61:20 66:13 70:8 75:17 98:19 104:22 108:2 we've 99:19 WHEREOF 121:12 whichever 94:12 Willis 75:3 wind 69:25 winner 73:15 winter 107:23 Winthrop 40:13 42:12 53:13 62:10 62:20 65:24 87:3,7 118:12 118:17 wish 6:21 8:10 111:13 115:3 withdraw 86:12 witness 59:12 121:12 witnessed 5:20 wonderful 6:18 6:19 7:11 83:13 104:16 Woodmere 87:14 118:23 word 115:2 words 48:5 115:11,17 work 21:13 26:14 40:9 44:6 67:15 83:15 90:13 92:22 111:12 worked 45:14	82:23 111:5 Workforce 112:2 working 7:24 24:5 38:24 44:21 46:6 84:7 91:21,22 115:22 works 27:17 33:7 71:2 worthy 7:10 wound 19:15 Wright 3:2 83:7,8 written 43:9 46:2 101:16 wrong 103:6	121:8 <hr/> Z <hr/> zero 27:18 zone 24:15 Zysman 2:6 6:5 7:16,18 11:22 19:12 20:14 20:24 21:6,9 21:12,24 22:3 29:9,11,18,20 30:11 31:25 32:4,18,21,24 35:14,17 37:6 37:12,15,18 39:10,17,20 40:4,18,25 41:7,12 42:8 42:17,20,24 43:7,12,16,20 44:9,14 45:21 46:4 47:2 48:11,16 49:3 49:20,24 50:5 52:9,13,16,20 52:25 53:16 53:24 54:3 55:7,11 59:14 59:19,25 60:19,22 61:11 63:25 64:5,16 65:3 65:6,9,13,17 65:20,25 66:17 67:3,17 67:20,23 68:2 68:10,15 72:22 73:2,17 79:15,23 80:6 80:11 81:14 82:19,23 83:3 83:6,9,14 84:11,14,17 85:2,8,14 86:5,14,16 88:9,14,25
<hr/> W <hr/> wait 19:22 42:3 42:15 waiting 79:23 walk 34:14			<hr/> X <hr/> x 1:3,6 64:10	<hr/> Y <hr/> year 10:21 12:22 14:3,6 17:3 18:10 19:8 20:12 22:7 25:25 49:16 65:18 65:22 66:8,8 66:11,20 78:19,20 98:23 104:17 105:14 years 11:5 17:8 17:9,10 22:19 28:20 34:22 34:24 67:12 79:18 84:6,12 102:23 105:20 110:2 112:17 117:24 120:8 York 1:10 7:13 22:6 23:16,17 95:6 106:24 109:25 120:7

89:15,18,21	\$50 84:2	19 23:24 87:15	65:1 66:1	119:11
90:4,8,12,24	\$50,000 22:9	118:25	67:1 68:1	29 88:3 117:6
91:7,17,24	22:11 81:3		69:1 70:1	117:17
92:7,11 93:7	\$500,000 76:16	2	71:1 72:1	119:12
93:16 94:24	\$56 63:21	2 86:23 113:24	73:1 74:1	
95:2,21 96:16	\$6,416,091.21	118:9	75:1 76:1	3
96:20,25 97:4	84:25	20 23:25 87:17	77:1 78:1	3 23:21 86:24
97:7,13 99:23	\$600 63:11	108:16 119:2	79:1 80:1	118:9
105:25 109:8	\$663,000 69:9	20,000 20:10	81:1 82:1	30 46:23 48:7,8
110:12	69:10,12	2001 74:14	83:1 84:1	48:8,10 88:3
111:21 113:6	\$8.3 55:3 89:10	2002 74:14	85:1 86:1	119:13
113:12,20,25	89:14	2013 17:5	87:1 88:1	30th 10:18
114:9,15,19	\$83,000 20:12	2015 15:23,25	89:1 90:1	31:22 36:4
	\$963,000 79:20	16:7,21 17:3	91:1 92:1	47:14,16
\$	118:2	18:10 22:25	93:1 94:1	31 60:21 61:22
\$1,500 84:2		24:7 26:17	95:1 96:1	72:20 88:5
\$10 102:22	1	2016 1:12 5:1	97:1 98:1	119:15
104:5	1 23:22,23,23	6:1,4 7:1 8:1	99:1 100:1	32 117:21
\$100 98:12	23:24,24,25	9:1 10:1 11:1	101:1 102:1	36 72:24
\$110,000 14:25	60:21 61:21	12:1 13:1	103:1 104:1	
16:23	72:20 86:22	14:1 15:1	105:1 106:1	4
\$12.50 63:14	118:8	16:1 17:1	107:1 108:1	4 86:25 118:10
63:19	10 23:21 93:21	18:1 19:1	109:1 110:1	4th 42:5
\$148,000 14:12	119:21	20:1 21:1	111:1 112:1	400 8:17
14:22,24	100 57:24,25	22:1 23:1,2	113:1 114:1	41 16:4 21:4
17:22	58:5 60:4	24:1 25:1,25	115:1 116:1	
\$150,000 14:6	67:25	26:1 27:1	121:14	5
14:14	11 23:23 87:5	28:1 29:1	21 87:18	5 92:15 93:20
\$17 19:16 20:8	117:10	30:1 31:1	112:25	119:19
\$20 98:12	118:15	32:1 33:1	113:18 119:3	5th 115:6
\$23 81:2	11:00 10:10	34:1 35:1	22 87:19	5:57 1:13
\$25,000 81:2	110 119:24	36:1 37:1	113:24 119:4	50 22:12
\$250 18:9	12 80:25 92:17	38:1 39:1	2201 1:9	500 47:23
\$250,000 18:13	93:22 117:15	40:1 41:1	23 27:4 49:21	
\$300,000 18:10	119:22	42:1 43:1	87:20 119:5	6
\$40 95:19 98:6	13 87:7 118:16	44:1 45:1	24 87:21 119:6	6 23:25 62:10
98:8 103:10	14 87:8 93:23	46:1 47:1,16	24,000 28:25	87:2 118:12
110:3 120:9	118:18	48:1 49:1,18	25 39:19,21	6/1/2016 79:19
\$400,00 89:7	119:22	49:19 50:1	64:24 87:23	117:25
\$400,000 63:4	15 87:9 118:19	51:1 52:1	119:8	6/10/16 11:18
89:13,22 90:2	16 23:22 87:10	53:1 54:1	252-page 13:3	117:11
90:3,5,18	118:20	55:1 56:1	26 87:23 119:9	6/13/16 11:18
\$420 63:8,11	17 87:12	57:1 58:1	27 87:24	117:11
\$420,000 62:11	118:22	59:1 60:1	119:10	6/22 11:19
62:22 63:2	18 87:14	61:1 62:1	27th 10:10 85:5	117:12
\$5,400 84:5,12	118:23	63:1 64:1	28 87:25	6/22/16 11:18
				117:11

6/24/16 29:14 117:19	76:1 77:1 78:1 79:1			
6/7/2016 29:13 117:18	80:1 81:1 82:1 83:1			
600 19:25 20:6 20:9	84:1 85:1 86:1 87:1			
609 86:22 118:8	88:1 89:1 90:1 91:1			
61,000 57:12	92:1,16 93:1 93:21 94:1			
<hr/> 7 <hr/>	95:1 96:1 97:1 98:1			
7 1:12 5:1 6:1 7:1 8:1 9:1	99:1 100:1 101:1 102:1			
10:1 11:1 12:1 13:1	103:1 104:1 105:1 106:1			
14:1 15:1 16:1 17:1	107:1 108:1 109:1 110:1			
18:1 19:1 20:1 21:1	111:1 112:1 113:1 114:1			
22:1 23:1,24 24:1 25:1	115:1 116:1 119:20			
26:1 27:1 28:1 29:1	7th 6:4 121:13 7/1/2016 110:2			
30:1 31:1 32:1 33:1	120:8 7/26/2016 12:5			
34:1 35:1 36:1 37:1	117:15 72-hour 9:10			
38:1 39:1 40:1 41:1	79 117:24			
42:1 43:1 44:1 45:1	<hr/> 8 <hr/>			
46:1 47:1 48:1 49:1	8 87:3 118:13 8:24 116:6			
50:1 51:1 52:1 53:1	86 117:7 118:4 88 118:5			
54:1 55:1 56:1 57:1	<hr/> 9 <hr/>			
58:1 59:1 60:1 61:1	9 87:4 118:14 9th 47:19			
62:1 63:1 64:1 65:1	93 119:17 94 60:8			
66:1 67:1 68:1 69:1	99 60:7,14			
70:1 71:1 72:1 73:1				
74:1 75:1				