Enterprise-Wide Value Realization through IT: A Davies Story

Session 4, March 6, 2018
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DISCLAIMER: The views and opinions expressed in this presentation are those of the author and do not necessarily represent official policy or position of HIMSS.
Conflict of Interest

David Allard, MD
Has no real or apparent conflicts of interest to report.

Geoffrey Patterson
Has no real or apparent conflicts of interest to report.

Ryan Neaves
Has no real or apparent conflicts of interest to report.
Agenda

• Novant Health
  – Creating ROI in the RCS
  – Creating ROI through monitoring quality metrics
• Henry Ford Health
  – Project HELIOS
  – Return on Investment
Learning Objectives

• Identify strategies to standardize non-clinical workflows
• Inform on strategies used to create value for patients and avoid rework
• Inform on strategies used to create value for patients and avoid rework
Hospitals
New hospitals under construction
Managed by Novant Health UVA Health System
Hospitals (Shared Services arrangement)
- Physician practices
- MedQuest owned centers
System Overview

Novant Health

- Not-for-profit, integrated health system that spans communities in the Carolinas, Virginia and Georgia

- 500 locations including 14 medical centers

- Over 1,900 medical group providers

- Over 26,000 employees and physician partners

- Nationally recognized for quality and safety measures

- Converted 28 legacy EHR systems

- HIMSS Stage 7 Ambulatory Award

- HIMSS Stage 7 Acute Award
Return On Investment

RCS

Team Member Quality Improvement
RCS Opportunity for Improvement

In 2009, Revenue Cycle Services began their journey toward standardization which ultimately ended in the selection and implementation of a single Novant Health Revenue Cycle platform for both ambulatory and acute care services. Implementation for ambulatory began in 2011 and implementation for acute began in third quarter of 2013.

- Cash to net collections were strong, but average days to pay were excessive
- AR days in excess of 44 days
- AR >90 days nearing 30%
- Non-standard patient collection strategy
- Inability to inform the patient, with confidence, of their out of pocket cost prior to service
- Inability to consistently collect prior to or at point of service
- Inconsistent approach to denials management resulting in a loss in net reimbursement
- Patient confusion regarding who to contact and what services they were being billed for
National Factors that Impact Health Outcomes

If food prices inflated like healthcare costs since 1945

- Dozen eggs: $55
- Dozen oranges: $134
- Gallon of milk: $48

Healthcare premiums have risen

3.5x faster than average U.S. wages

Health insurance premiums increased 131 percent between 1999 and 2009, while wages rose just 38 percent.

Healthcare costs

- 2014: $2.7 trillion
- 2020: $4.2 trillion

Estimates are that within six years, healthcare will cost Americans $4.2 trillion or 20 percent of GDP.

Obesity costs

- 2008: $147 billion
- 2020: $1 trillion

In 2020, $1 trillion will be devoted to treating consequences of obesity.

Diabetes belt

The CDC designated 15 states as the “diabetes belt,” where people are more likely to have diabetes.
Maximizing the potential of the EHR system

**Improve communication**

**Real time documentation in an encounter**
- Visible by both ambulatory and acute care team members
- Route notes to provider in-baskets as an FYI or for order changes/questions
- Message other care team members
- Assign yourself to the care team to be notified of patient readmissions

**Reporting**

**Track referrals and discharge list patients**
- Run monthly reports tracking referrals from each acute care department or ambulatory clinic
- Monitor daily discharge lists

**Streamline the referral process**
- Create discharge lists using specific drivers - Novant Health PCP/contracted payor/acute care facility
- Manage the work queue patients
- Acute care referrals entered into the system by case management and providers partners
- Referrals entered into the system by ambulatory providers
Strategy: Defining the Vision

Most importantly, we learned that we have to change the way that we do business today in order to achieve our vision.
Making the Experience Remarkable

• Easy for Me program

  ▪ Identify repetitive patient touch points across the revenue cycle
  ▪ Making revenue cycle processes easy for patients and team members
  ▪ Team member engagement across all levels to maximize participation
  ▪ Use technology to the best of our ability
PHASE 1
2007 - 2008
Involves the creation of the Revenue Cycle Transformation Roadmap which defines the endpoint and outlines the steps to obtain it

PHASE 2
2008 - 2009
Involves the planning and preparation of the RCT Roadmap implementation

PHASE 3
2009 - 2013
Establishes the centralized / standardized foundation for future differentiation

PHASE 4
2013 - 2015
Pairs the information systems with process to further enhance the patient experience and drive financial improvement

PHASE 5
2015 - Ongoing
Focuses on stabilization of metrics and consistent quality
<table>
<thead>
<tr>
<th>Program-Level Roles</th>
<th>Site Readiness Network</th>
<th>Site-Level Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Program Director</td>
<td>Site Steering Committee</td>
<td>▪ Operational VPs, VPMA</td>
</tr>
<tr>
<td>▪ Physician Champion</td>
<td></td>
<td>▪ Site Readiness Owner</td>
</tr>
<tr>
<td>▪ Engagement &amp; Adoption Lead</td>
<td></td>
<td>▪ Revenue Cycle</td>
</tr>
<tr>
<td></td>
<td></td>
<td>representative – VP of</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Revenue Cycle</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Designated Application Manager</th>
<th>Implementatio n Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Clinical Readiness Owners</td>
<td></td>
</tr>
<tr>
<td>▪ Revenue Cycle Readiness Owners (as necessary)</td>
<td></td>
</tr>
</tbody>
</table>

*New additions to the RCAC will include the RC Readiness Partner.*

**Revenue Cycle Advisory Committee**
Value for Team Members

**Quality**
- % adherence with identified care gaps
  - Breast
  - Cervical
  - Colorectal cancer screening
  - Adolescent immunizations
  - Pediatric immunizations

**Affordability**
- Per member per month (PMPM) costs
- ER visits/1000
- Inpatient admissions/1000
- 30 day readmissions/1000
- High modality imaging/1000
- Generic drug use (% of all prescriptions)

**Service/access**
- % in Dimensions with provider identified in PCP field
- Patient satisfaction with access
- Likelihood to recommend the clinic
- In-system utilization
Return on Investment-RCS
<table>
<thead>
<tr>
<th>Initiative</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Successful KPIs</td>
<td></td>
</tr>
<tr>
<td>DNFB</td>
<td>2013 Year End: 5.87</td>
</tr>
<tr>
<td>Net Days Revenue in AR</td>
<td>2013 Year End: 44.11</td>
</tr>
<tr>
<td>Denials as a Percentage of revenue</td>
<td>2013 Year End: N/A</td>
</tr>
<tr>
<td>Total Billed AR &gt;90 Days (Exclude RAC)</td>
<td>2013 Year End: 27.41%</td>
</tr>
<tr>
<td>Bad Debt (% of Gross)</td>
<td>2013 Year End: 2.03%</td>
</tr>
<tr>
<td>Cost-to-Collect</td>
<td>2013 Year End: $0.039</td>
</tr>
</tbody>
</table>
Outcome = 90.46% demonstrating an increase of 9% since 2015.

- Claim edits historically lived in an external claim scrubber
- Implemented claim status and WQ qualification strategy for electronic claims
- Implemented NEIC rejections within the host system to qualify for various areas of responsibility prior to claims submission via WQ within Dimensions in an effort to improve claim acceptance percentage and move the claim validation further upstream
- These system enhancements led to our current clean claim percentage of 96% in 2017

<table>
<thead>
<tr>
<th>Claim Run Date</th>
<th># ELECTRONIC Claims in Run</th>
<th>ELECTRONIC Dollar Amt</th>
<th># PAPER Claims in Run</th>
<th>PAPER Dollar Amt</th>
<th># Claims Accepted</th>
<th>#claims errored in translation</th>
<th>Claim Acceptance %</th>
<th>#of claims submitted electronically</th>
<th>dollar amount of claims submitted electronically</th>
</tr>
</thead>
<tbody>
<tr>
<td>January Month End</td>
<td>80611</td>
<td>$713,960,294.13</td>
<td>3893</td>
<td>$35,185,325.71</td>
<td>65726</td>
<td>14885</td>
<td>81.53%</td>
<td>74816</td>
<td>$582,753,037.20</td>
</tr>
<tr>
<td>February Month End</td>
<td>70070</td>
<td>$599,045,033.39</td>
<td>3101</td>
<td>$29,156,289.34</td>
<td>57288</td>
<td>12782</td>
<td>81.76%</td>
<td>69919</td>
<td>$558,227,698.13</td>
</tr>
<tr>
<td>March Month End</td>
<td>80042</td>
<td>$674,176,715.30</td>
<td>3977</td>
<td>$38,132,186.76</td>
<td>66279</td>
<td>13763</td>
<td>82.81%</td>
<td>77517</td>
<td>$620,628,883.98</td>
</tr>
<tr>
<td>April Month End</td>
<td>117078</td>
<td>$915,847,152.20</td>
<td>5878</td>
<td>$52,285,534.43</td>
<td>100189</td>
<td>16889</td>
<td>85.57%</td>
<td>112903</td>
<td>$809,830,269.43</td>
</tr>
<tr>
<td>May Month End</td>
<td>91275</td>
<td>$694,573,880.45</td>
<td>4607</td>
<td>$32,891,712.68</td>
<td>79232</td>
<td>12043</td>
<td>86.81%</td>
<td>87344</td>
<td>$635,170,580.49</td>
</tr>
<tr>
<td>June Month End</td>
<td>101077</td>
<td>$765,078,563.00</td>
<td>5753</td>
<td>$44,003,125.59</td>
<td>87750</td>
<td>13327</td>
<td>86.82%</td>
<td>99174</td>
<td>$675,033,861.35</td>
</tr>
<tr>
<td>July Month End</td>
<td>121847</td>
<td>$908,370,040.63</td>
<td>6210</td>
<td>$43,904,989.16</td>
<td>105758</td>
<td>16089</td>
<td>86.80%</td>
<td>116331</td>
<td>$825,661,677.33</td>
</tr>
<tr>
<td>August Month End</td>
<td>107846</td>
<td>$780,717,543.60</td>
<td>6400</td>
<td>$33,940,132.72</td>
<td>93304</td>
<td>14542</td>
<td>86.52%</td>
<td>105020</td>
<td>$711,340,905.63</td>
</tr>
<tr>
<td>September Month End</td>
<td>109461</td>
<td>$823,242,394.51</td>
<td>6241</td>
<td>$56,961,945.00</td>
<td>94417</td>
<td>15044</td>
<td>86.26%</td>
<td>105501</td>
<td>$721,101,159.27</td>
</tr>
<tr>
<td>October Month End</td>
<td>110344</td>
<td>$836,360,658.25</td>
<td>5704</td>
<td>$50,656,462.74</td>
<td>95471</td>
<td>14873</td>
<td>86.52%</td>
<td>105209</td>
<td>$716,289,838.16</td>
</tr>
<tr>
<td>November Month End</td>
<td>105263</td>
<td>$800,242,022.48</td>
<td>5280</td>
<td>$40,814,221.11</td>
<td>91500</td>
<td>13763</td>
<td>86.93%</td>
<td>100836</td>
<td>$730,504,594.37</td>
</tr>
<tr>
<td>December Month End</td>
<td>113926</td>
<td>$906,465,889.01</td>
<td>5972</td>
<td>$48,742,736.20</td>
<td>103054</td>
<td>10872</td>
<td>90.46%</td>
<td>110343</td>
<td>$786,896,754.04</td>
</tr>
</tbody>
</table>
## Pre Service Collections

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-Service/Pt. Access Teams</strong></td>
<td>• 58% increase in Pre-service collections over 2015. Increase from $2.3m to $3.7m with a reduction in staffing</td>
</tr>
<tr>
<td></td>
<td>• The staffing reduction was driven through benefit transparency that could not be built out within the system and readily available for our teams while speaking with the patients</td>
</tr>
</tbody>
</table>

### Pre-service Collections (subset)

<table>
<thead>
<tr>
<th>Year</th>
<th>Pre-Service Collections</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>$1,314,880</td>
<td>11</td>
</tr>
<tr>
<td>13</td>
<td>$1,261,709</td>
<td>14</td>
</tr>
<tr>
<td>14</td>
<td>$1,670,510</td>
<td>18</td>
</tr>
<tr>
<td>15</td>
<td>$2,363,900</td>
<td>12</td>
</tr>
<tr>
<td>16</td>
<td>$3,678,599</td>
<td>9</td>
</tr>
</tbody>
</table>
Customer Service

• Obstacles
  ▪ 2 departments that do not interact
  ▪ Two phone numbers for customer service
  ▪ 3 email addresses
  ▪ 2 chat sessions
  ▪ 2 In Basket pools
  ▪ Cannot accept other service line payment
  ▪ Highest call reasons: Make payment and balance inquiry

• Solution
  ▪ 1 consolidated department
  ▪ 1 phone number
  ▪ 1 email box
  ▪ 1 chat session
  ▪ 1 In Basket pool
  ▪ Dual access/dual screens
  ▪ Implement IVR
## AMB Statistics

<table>
<thead>
<tr>
<th>Stat</th>
<th>Pre Consolidation</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>AR Days</td>
<td>115</td>
<td>37</td>
</tr>
<tr>
<td>90+ Aging</td>
<td>68%</td>
<td>17%</td>
</tr>
<tr>
<td>Billed Providers</td>
<td>1023</td>
<td>2384</td>
</tr>
<tr>
<td>Billed Clinics</td>
<td>228</td>
<td>470</td>
</tr>
<tr>
<td>Unposted Cash</td>
<td>$15.6m</td>
<td>$4.1m</td>
</tr>
<tr>
<td>ADR</td>
<td>$2.3m</td>
<td>$5m</td>
</tr>
<tr>
<td>Est Gross Collections</td>
<td>51%</td>
<td>56.50%</td>
</tr>
<tr>
<td>Cost To Collect</td>
<td>8.36%</td>
<td>*4.24%</td>
</tr>
</tbody>
</table>

* This is with adding coding, RCA's, Preverification and Enrollment into the RCS-- doing more for less!
Return on Investment -
Team Members
Team members/dependents: 30 day readmission rate

- Team members/dependents: 30 day readmission rate within a Novant Health facility
- Readmission trend (polynomial)
Cervical cancer screening rates

Wellness metric percentage

Overall Value

### Medical and HRA Projected vs. Goal PMPM Claim Costs

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Aon Trend Projection*</td>
<td>$404.00</td>
<td>$425.00</td>
<td>$453.00</td>
<td>$485.00</td>
<td>$522.00</td>
<td>$562.00</td>
</tr>
<tr>
<td>Goal--50% of Trend**</td>
<td>$404.00</td>
<td>$414.50</td>
<td>$428.50</td>
<td>$444.50</td>
<td>$463.00</td>
<td>$483.00</td>
</tr>
<tr>
<td>Budget***</td>
<td>$414.00</td>
<td>$428.00</td>
<td>$442.00</td>
<td>$421.00</td>
<td>$463.00</td>
<td>$483.00</td>
</tr>
<tr>
<td>Actual****</td>
<td>$404.00</td>
<td>$389.00</td>
<td>$413.00</td>
<td>$483.00</td>
<td>$463.00</td>
<td>$483.00</td>
</tr>
</tbody>
</table>
System Overview

Henry Ford was established a unique integrated Health system model in 1915. 4th largest employer in Metro Detroit

• 29,000 employees today, 7 Hospitals, 3 BEH, 70 Medical Centers and Ambulatory Sites, Home Health and Hospice, and Retail

• Community Services

• Health Plan
Opportunity for Improvement

In 2010, the Henry Ford Health System information system environment was a collection of best of breed and in house developed applications that faced significant challenges:

- Care Plus Next Generation, the Henry Ford Health System in-house developed electronic record, while cutting edge when developed had reached the end of life.
- Over 25 systems were in production where a patient could be registered and/or have a charge generated resulted in a lack of a true electronic master patient index (eMPI).
- Regulatory challenges (ICD10, Meaningful Use, etc.) were requiring changes and enhanced functionality that was not available in the varied systems. Significant development was required to meet each requirements – if even possible
Design for Success

- Launched Project HELIOS (Henry Fords Electronic Integrated Information System)
- All principles formalized in a system board sponsored, written charter at the beginning of the project
- Project Mission Statement

  The Henry Ford Health System Helios initiative will transform and integrate business and clinical operations across the System. Through a standard approach and engaged workforce, Helios will align the mission, vision and values of Henry Ford.

  This investment is intended to strengthen Henry Ford’s commitment to improving people’s lives through continuous improvement, commitment and innovation

- An ad-hoc subcommittee of the system board was charged with delivery. Monthly reports were provided for the 3 year project
Not an IT Project

• Focus not on “Go Live” but on adoption, culture change
• Key Steps for Success
  – Clinical and Operationally led Initiative
  – Standardization across the enterprise
  – Training
  – Planning for sustainment – continuous process of improvement, maintenance
  – Engaged leadership and strong governance, starting with the system board of directors
Principles of Project Helios

• A system-enabled set of business processes that reflects a **seamless care experience**: one patient, one record, across the continuum and available at all times and all places to caregivers and patients.

• Highest **quality**, with best practices and evidence-based care (orders, clinical decision support, alerts and reminders)

• **Integration** of systems and data across the enterprise

• **Standardized** and efficient work processes across the organization (one point of data gathering with multiple points of data sharing)

• Developed as Clinical Transformation – **clinically led in partnership with IT**

• Designed for paperless environment with advanced **data analytic capabilities** (EDW)

• **Patient-centered** with easy entry into HFHS
Project Helios Goals

Goal 1 - PATIENT FOCUSED (Service Pillar)
Goal 2 - CLINICAL QUALITY AND SAFETY (Quality & Safety Pillar)
Goal 3 - INTEGRATION (Growth Pillar)
Goal 4 - STANDARDIZATION (Growth Pillar)
Goal 5 - EVIDENCE BASED CARE (Quality & Safety Pillar)
Goal 6 - FINANCIAL PERFORMANCE (Finance Pillar)
Goal 7 - COMPLIANCE (Quality & Safety and Finance Pillars)
Goal 8 – PROVIDER / EMPLOYEE SATISFACTION (People Pillar)
Goal 9 - INNOVATION (Growth Pillar)
Goal 10 - EDUCATION AND RESEARCH (Education and Research Pillars)
Return on Investment

Geoff Patterson, Vice President, Clinical Transformation and IT Integration
Details: Information Technology

- Project HELIOS had 3 components
  - Epic deployment across the enterprise
  - Build and deploy an Enterprise Data Warehouse
  - Complete the integration of Henry Ford Macomb

- HIMSS EMR Adoption Model℠ (EMRAM) stage 6 across the enterprise
  - Inpatient and Ambulatory
  - Goal of HIMSS stage 7 within the next 18 months

- Most Wired status
  - Including Advanced status for 2017

- Able to leverage HELIOS deployment methodology for future acquisitions *(Henry Ford Allegiance Health, live in August 2017)*
Details: Information Technology

- Insourced workforce
  - Insourced 650(+) consultants with a >98% retention rate
  - Improved ability to rebalance based on demand
- Application consolidation
  - True electronic master patient index key implemented
  - Former departmental contracts moved to standard terms and conditions
  - Standardized termination and migration pathways with move to Epic
  - Migration of legacy applications
  - Consolidated 25(+) Revenue Cycle Applications to the Epic suite
- Retired infrastructure, virtualized when possible
Design for Success – Operations Defines Scope

- Epic’s Core functionality (Inpatient, Revenue Cycle, Ambulatory) were scoped in automatically
- Scope and Timing task force was created to review Epic functionality, feasibility within timeline
- Committee was chaired by the Chief Quality Officer, focused on operational areas of improvement.
- “Like for like” functionality expectation
- Overall impact in favor of individual areas of functionality
- Once decisions were made – were not revisited
Details: Clinical / Operational

- Transcription – organizational decision to minimize transcription (~$135k/mo) in favor of electronic documentation, data sharing

- Standardization of forms, electronic distribution greatly reduced paper, postage and processing (~$100k/mo)
  - HIE / Care Everywhere resulted in 8.8 Million records exchanged in 2017
  - MyChart adoption with over 417,000 active accounts
    - Purposeful activation, not automatically completed
  - Electronic Prescribing, including schedule 2 medications
  - EpicCare Link for non-HFHS Epic providers

- Pharmacy Formulary Standardization ($83k/mo)

- Improved Participation in Incentive programs
  - Doubled PGIP incentives (zero opportunity for improvement)
  - 98(+)% achievement of Meaningful Use Incentive opportunity
Details: Revenue Cycle

• Defined targeted improvement expectations for net patient revenue, days in A/R, business office expense reductions
  – Leveraged our Electronic Data Warehouse (EDW) to provide visibility into bottlenecks, areas of improvement
  – Leverage Epic to improve documentation, available data for workflow visibility
• Created a Central Business Office (CBO) to manage all revenue cycle for the system
  – With improved reporting and visibility, able to realign staff as re-work was minimized.
• Consolidated 5 Clinical Documentation Improvement (CDI) Programs
• Post Implementation – Developed a Revenue Cycle Playbook to address productivity, revenue capture gains.
## Details: Revenue Cycle

### Revenue Cycle Playbook Years 1-3

<table>
<thead>
<tr>
<th>Description</th>
<th>2015 Actual</th>
<th>2016 Actual</th>
<th>2017 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 Improvement over 2014 Baseline</td>
<td>25.7</td>
<td>25.7</td>
<td>25.7</td>
</tr>
<tr>
<td>Forecasted 2016 Improvement over 2015 Baseline</td>
<td></td>
<td>34.8</td>
<td>34.8</td>
</tr>
<tr>
<td>Budgeted 2017 Improvement over 2016 Baseline</td>
<td></td>
<td></td>
<td>20.0</td>
</tr>
<tr>
<td>Annual Improvements Over 2014 Baseline</td>
<td>25.7</td>
<td>60.5</td>
<td>80.5</td>
</tr>
</tbody>
</table>

| As a % of total Epic Net Patient Revenue                         | 1.0%        | 2.3%        | 3.0%        |

| Cumulative Benefits of Revenue Cycle Playbook                    | 25.7        | 86.2        | 166.7       |

*2017 YTD - $31.5M over 2016 Baseline*
Details: Revenue Cycle

2017 Revenue Cycle Playbook
Banner Goals
- Hospital Billing Days in AR (43)
- Professional Billing Days in AR (34)
- Initial Denial Rate (8%)
- Denial Write Off Rate (1%)

Revenue Cycle Playbook
2017 Performance to Goal
($ in Millions)

- Hospital Billing Days in AR (43)
- Professional Billing Days in AR (34)
- Initial Denial Rate (8%)
- Denial Write Off Rate (1%)
# Outcomes / Benefits through 2017

<table>
<thead>
<tr>
<th>Operations</th>
<th>Net Benefit</th>
<th>Goal Mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Technology alignment</td>
<td>$38,394,000</td>
<td>4-Standardization</td>
</tr>
<tr>
<td>Transcription savings</td>
<td>$5,696,245</td>
<td>7-Compliance</td>
</tr>
<tr>
<td>Forms / Copying Cost Reduction</td>
<td>$5,900,000</td>
<td>7-Compliance</td>
</tr>
<tr>
<td>Drug Cost / Formulary Standardization</td>
<td>$3,000,000</td>
<td>4-Standardization</td>
</tr>
<tr>
<td>Revenue Cycle Optimization</td>
<td>$166,700,000 *</td>
<td>6-Financial Performance</td>
</tr>
<tr>
<td><strong>Sub Total</strong></td>
<td><strong>$219,690,245</strong></td>
<td></td>
</tr>
</tbody>
</table>

| Reimbursement / Incentives                      |                   |                       |
| Meaningful Use                                  | $61,963,990       | 7-Compliance          |
| Other Incentives (PGIP, etc)                    | $5,070,000        | 7-Compliance          |
| Epic (Good Install / Maintenance) (*)           | $2,000,000        | 4-Standardization     |
| **Sub Total**                                   | **$69,033,990**   |                       |

**Total**                                         **$288,724,235**  

* 2017 Final Numbers Not Yet Available
Questions

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