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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibnette
 Commissioner

Lisa M. Morris
 Director

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May 19, 2020

His Excellency, Governor Christopher T. Sununu
 and the Honorable Council
 State House
 Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into a contract with National Jewish Health, (Vendor #172376-B001), 1400 Jackson Street, Suite 104, Denver, CO, in the amount of \$714,000 for the provision of statewide telephonic tobacco treatment services to reduce tobacco use and dependence, with the option to renew for up to four (4) additional years, effective July 1, 2020 or upon Governor and Council approval, whichever is later, through June 30, 2022. 60.78% Federal Funds. 39.22% General Funds.

Funds are available in the following account for State Fiscal Year 2021, and are anticipated to be available in State Fiscal Year 2022, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

05-95-90-902010-5608, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH SVCS, BUREAU OF COMMUNITY AND HEALTH SVCS, TOBACCO PREVENTION & CESSATION

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2021	102-500731	Contract for Program Services	90018000	\$217,000
2022	102-500731	Contract for Program Services	90018000	\$217,000
			Subtotal	\$434,000

05-95-90-902010-5608 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: DIVISION OF PUBLIC HEALTH SVCS, BUREAU OF COMMUNITY AND HEALTH SVCS, TOBACCO PREVENTION & CESSATION

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2021	102-500731	Contract for Program Services	90018005	\$155,000
2022	102-500731	Contract for Program Services	90018005	\$125,000
			Subtotal	\$280,000
			Total	\$714,000

EXPLANATION

The purpose of this request to provide New Hampshire residents interested in quitting tobacco, access to no cost, tobacco cessation treatment. According to the Centers for Disease Control and Prevention, 70% of people addicted to tobacco products want to quit.

The request prioritizes all New Hampshire Medicaid participants; and the under and uninsured. The New Hampshire Department of Human Services, Division of Public Health Services and the Office of Medicaid Services are working collaboratively to decrease the number of people enrolled in Medicaid who use tobacco including working with the three Medicaid Managed Care Organizations. Additionally, this request includes access to age appropriate services targeting adolescents, who use electronic nicotine delivery devices.

Finally, all New Hampshire residents are eligible to receive at least one counseling call and are mailed self-help materials, however, Approximately 5,000 adults and 1,000 adolescents in New Hampshire will be served from July 1, 2020 to June 30, 2022.

The Vendor will provide a statewide tobacco treatment quitline that includes, but is not limited to, telephone, web and mobile evidence-based tobacco treatment interventions at no cost to New Hampshire adolescents (13-17 years of age), young adults (18-35 years of age) and adults (over 35 years of age), in order to reduce the health and economic burden of tobacco use and dependence.

The quitline provides evidence-based tobacco treatment strategies, clinical oversight and on-going evaluation of service delivery and annual tobacco cessation outcomes among those enrolling in cessation services. The program promotes increased access to cessation services, such as text messaging and live chat options. The quitline also provides HIPPA-compliant clinical services, including technology that allows clinicians to refer patients to evidence-based tobacco treatment services.

The Department will monitor contracted services using the following performance measures:

- Maintaining a minimum of ninety percent (90%) live-answer rate each month of the contract period.
- Achieving a two percent (2%) Reach Rate Goal
- Achieving a thirty-five percent (35%) Quit Rate Goal (Overall Baseline of thirty-two percent (32%).

The Department selected National Jewish Health through a competitive bid process using a Request for Applications (RFA) that was posted on the Department's website from 1/29/2020 through 3/9/2020. The Department received two (2) responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, Section 1, Subsection 1.2, Paragraph 3.3 of the attached contract, the parties have the option to extend the agreement for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

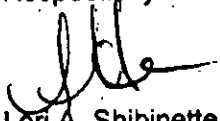
Should the Governor and Council not authorize this request the most vulnerable populations affected most by disease and death due to tobacco use and dependence will not have access to affordable evidence-based tobacco treatment.

Area served: Statewide

Source of Funds: 60.78% Federal Funds, CFDA 93.305, FAIN TBD; and 39.22% General Funds.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,


Lori A. Shabinette
Commissioner



New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet

Tobacco Treatment Quitline

RFA-2021-DPHS-01-TOBAC

RFA Name

RFA Number

Reviewer Names

Bidder Name

1. National Jewish Health

2. OPTUM

Pass/Fail	Maximum Points	Actual Points
	200	188.5
	200	180

1. Alia Hayes, Program Specialist IV

2. Kathryn Hatcher, PH Nurse Coordinator

3. Teresa Brown, Program Specialist IV

Subject: Tobacco Treatment Quitline (RFA-2021-DPHS-01-TOBAC-01)



Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name National Jewish Health		1.4 Contractor Address 1400 Jackson St., Suite 104 Denver, CO 80206	
1.5 Contractor Phone Number (303) 398-1005	1.6 Account Number 05-95-90-902010-56080000	1.7 Completion Date June 30, 2022	1.8 Price Limitation \$714,000
1.9 Contracting Officer for State Agency Nathan D. White, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature  Date: 5/15/2020		1.12 Name and Title of Contractor Signatory Christine Forkner, EVP Corporate Affairs & CFO	
1.13 State Agency Signature  Date: 5/24/2020		1.14 Name and Title of State Agency Signatory Ann Landrey, Assoc. Gen. Mgr.	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By: /s/ Christen Lavers On: 6/1/20			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

Contractor Initials 
 Date 5/15/20

2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete

compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual-orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Contractor Initials *CKX*
Date 5/15/20

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

8.3. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and

submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

10.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

10.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

11. **CONTRACTOR'S RELATION TO THE STATE.** In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. **INDEMNIFICATION.** Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omission of the

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. **NOTICE.** Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

17. **AMENDMENT.** This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. **CHOICE OF LAW AND FORUM.** This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. **CONFLICTING TERMS.** In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

20. **THIRD PARTIES.** The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. **HEADINGS.** The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. **SPECIAL PROVISIONS.** Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

23. **SEVERABILITY.** In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. **ENTIRE AGREEMENT.** This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.



EXHIBIT A

REVISIONS TO STANDARD CONTRACT PROVISIONS

1. Revisions to Form P-37, General Provisions

1.1. Paragraph 3, Subparagraph 3.1, Effective Date/Completion of Services, is amended as follows:

3.1. Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire as indicated in block 1.17, this Agreement, and all obligations of the parties hereunder, shall become effective on July 1, 2020, or upon Governor and Executive Council approval, whichever is later ("Effective Date").

1.2. Paragraph 3, Effective Date/Completion of Services, is amended by adding subparagraph 3.3 as follows:

3.3. The parties may extend the Agreement for up to four (4) years additional year(s) from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.3. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed and how corrective action shall be managed if the subcontractor's performance is inadequate. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

CPX
Date 5/15/20



EXHIBIT B

Scope of Services

1. Statement of Work

- 1.1. The Contractor shall provide services in this agreement for New Hampshire adolescents who are 13-17 years of age; young adults who are 18-35 years of age; and adults who are over 35 years of age who may or may not use tobacco products including, but not limited to, Electronic Nicotine Delivery Systems (ENDS).
- 1.2. The Contractor shall ensure services are available statewide.
- 1.3. The Contractor shall ensure the Call Center includes, but is not limited to:
 - 1.3.1. A toll-free system with multiple and simultaneous inbound and outbound calls that includes Intraoperative Voice Response (IVR) capabilities including, but not limited to:
 - 1.3.1.1. A menu of options for voice mail to decrease call-waiting time.
 - 1.3.1.2. Call back options.
 - 1.3.1.3. Motivational messages.
 - 1.3.2. A live answer for no less than eighteen (18) hours per day, seven (7) days per week with the exceptions of January 1st, Easter Sunday, Memorial Day, July 4th and December 25th.
 - 1.3.3. Voicemail capabilities for the days outlined in 1.3.2. when a live answer is not provided and for calls waiting longer than five (5) minutes.
- 1.4. The Contractor shall provide Call Center services that include, but are not limited to:
 - 1.4.1. Return-call attempts for all voice mail messages received within forty-eight (48) hours of receiving them.
 - 1.4.2. Participant Intake Screenings that include but are not limited to:
 - 1.4.2.1. Collecting health plan membership identification numbers.
 - 1.4.2.2. Collecting individual-level data that utilizes the information in Appendix B, Minimum Data Set (MDS) intake questions, which are based on North American Quitline Consortium (NAQC) requirements.
 - 1.4.3. Appropriate QuitNow-NH information that includes, but is not limited to:
 - 1.4.3.1. Services provided.
 - 1.4.3.2. Cessation medications that are available.
 - 1.4.3.3. Website-related inquiries.

CJG



EXHIBIT B

- 1.4.3.4. Clinical requests for QuitNow-NH materials.
- 1.4.3.5. Provider training support.
- 1.4.4. Self-help cessation materials that can be mailed to all types of tobacco users who engage with QuitNow-NH staff or through the website portal. The Contractor shall ensure all materials:
 - 1.4.4.1. Display QuitNow-NH branding;
 - 1.4.4.2. Meet low literacy level needs;
 - 1.4.4.3. Be available in English and Spanish; and
 - 1.4.4.4. Utilize pictures and graphics.
- 1.4.5. Materials that can be mailed to callers that relate to specific chronic disease conditions, pregnancy and post-partum.
- 1.4.6. Assessments of tobacco usage and readiness to quit.
- 1.5. The Contractor shall customize Intake Screening questions upon the Department's request.
- 1.6. The Contractor shall provide up to six (6) counseling calls and four (4) weeks of cessation medications to:
 - 1.6.1. Medicaid recipients,
 - 1.6.2. Medicare recipients; and
 - 1.6.3. Uninsured individuals.
- 1.7. The Contractor shall provide individuals enrolled in a commercial healthcare insurance coverage one (1) coaching call and mail self-help materials, as appropriate.
- 1.8. The Contractor shall ensure counseling and coaching includes, but is not limited to:
 - 1.8.1. Scheduling Counseling Call #1 for individuals ready to quit within thirty (30) days of completing the Intake Screening process.
 - 1.8.2. Enrolling callers in text messaging support for individuals desiring text-messaging support.
 - 1.8.3. Conducting Enrollment Coaching Call #1 for those ready to quit within (2) two weeks of the Intake process.
 - 1.8.4. Utilizing innovative approaches for process and performance evaluation that align with value-based services.
 - 1.8.5. Providing a customized cessation service that includes, but is not limited to, mailed self-help educational materials, evidence-based multi-call coaching sessions and Federal Drug Administration (FDA)-

CJS

5/15/20



EXHIBIT B

approved Nicotine Replacement Therapy (NRT) products (Note: The Department will guide the Contractor relative to type and amount of NRT product distribution, based on State resources).

- 1.8.6. Providing services for youth who wish to quit electronic nicotine delivery systems and/or vaping by utilizing a research-based adolescent tobacco cessation protocol that has tested positive with youth and young adults, which includes, but is not limited to:
 - 1.8.6.1. Digital phone application(s).
 - 1.8.6.2. Online resources.
 - 1.8.6.3. Print materials.
 - 1.8.6.4. Providing a specialized protocol for individuals with behavioral health conditions.
- 1.8.7. Providing a specialized, researched-based protocol for pregnancy and post-partum women by offering female Quit Coaches who are specially trained in pregnancy, post-partum and breast-feeding issues in addition to tobacco treatment best practices. The Contractor shall ensure the protocol includes, but is not limited to:
 - 1.8.7.1. Multiple coaching calls for participating women before during pregnancy and multiple coaching calls post-partum from the same Quit Coach.
 - 1.8.7.2. Additional coaching calls, upon participant request.
 - 1.8.7.3. Monetary participation incentives with Department guidance.
 - 1.8.7.4. NRT for participating women upon request from their healthcare provider.
- 1.8.8. Providing a specialized, researched-based protocol for individuals with behavioral health conditions that includes, but is not limited to, assigning specially trained Quit Coaches.
- 1.8.9. Utilizing culturally competent, research-based protocols to engaging individuals, which includes, but is not limited to, principles of motivational interviewing for inducing behavior change with cognitive-behavioral approaches to treating substance abuse.
- 1.9. The Contractor shall ensure all FDA-approved cessation medications distributed are on the Medicaid Preferred Drug List.
- 1.10. The Contractor shall ensure over-the-counter NRT products are from manufacturers listed in the Medicaid Drug Rebate Program.
- 1.11. The Contractor shall ensure prescription medications including but not limited to Chantix and Bupropion are distributed through a Quitline pharmacy provider

[Handwritten Signature]

5/15/20



EXHIBIT B

that:

- 1.11.1. Is licensed to do business in New Hampshire, and
- 1.11.2. Holds a valid certificate from the New Hampshire Office of Medicaid as an approved service provider.
- 1.12. The Contractor shall attend regularly scheduled meetings with the Department to ensure value-based services are provided to the residents of New Hampshire.
- 1.13. The Contractor shall follow Department guidance to provide services in accordance with health insurance plan eligibility.
- 1.14. The Contractor shall follow Department guidance relative to the Tobacco Prevention and Cessation Program's (TPCP) partnership projects with the New Hampshire Bureau of Mental Health Services and the New Hampshire Bureau of Drug and Alcohol Services.
- 1.15. The Contractor shall develop standard and customized aggregate and de-identifiable data reports that align with the needs of the Department as well as any special reports requested by the Department.
- 1.16. The Contractor shall complete the National Quitline Data Warehouse (NQDW) Annual Services Survey and other NQDW Services Surveys, upon Department request in a format approved by the Department.
- 1.17. The Contractor shall maintain a quitline database that complies with the Department's Health Information Privacy and Security Measures (See Appendix C, Exhibit K).
- 1.18. The Contractor shall facilitate tobacco treatment e-Referral using HL7v3 technology into various types of electronic patient record systems with New Hampshire health systems.
- 1.19. The Contractor shall provide a web-based self-referral portal with features to opt-in for e-mail, text messaging and chat platforms. The Contractor shall:
 - 1.19.1. Provide an on-line closed-loop clinical referral portal that complies with on-line and Interoperability programs:
 - 1.19.2. Provide a website component that includes, but is not limited to:
 - 1.19.2.1. A registration portal;
 - 1.19.2.2. Opt-in option for text-messaging;
 - 1.19.2.3. Opt-in option for e-mail support;
 - 1.19.2.4. Self-help cessation materials that are tailored to registration responses and can be mailed to registrants;
 - 1.19.2.5. Live Chat option for general inquiries as available technology allows; and

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EXHIBIT B

- 1.19.2.6. Digital Phone Applications, as available; and
- 1.19.3. Incorporate new technologies and best practices in tobacco treatment as offered by the evidence-based scientific community.
- 1.20. The Contractor shall provide a Certificates of Completion to youth who complete the adolescent treatment program, whether referred to services by the court, or enrolled in services with parental consent.
- 1.21. The Contractor shall provide Certificates of Completion to all adult callers upon request from the adult participant.
- 1.22. The Contractor shall develop a method for delivery of Certificates of Completion to decrease unauthorized duplication and/or use of the certificate.
- 1.23. The Contractor shall ensure all quitline operations comply with the Health Insurance Portability and Accountability Act (HIPAA).
- 1.24. The Contractor shall maintain membership with the North American Quitline Consortium (NAQC).
- 1.25. The Contractor shall maintain membership with the Association for the Treatment of Tobacco Use and Dependence (ATTUD) <https://www.attud.org/>.

2. Technical Assistance

- 2.1. The Contractor shall provide quitline education to New Hampshire public and private health insurance plan leaders relative to quitline operations, tobacco cessation benefits and partnership opportunities.
- 2.2. The Contractor shall participate in an Annual Site Visit with the TPCP.
- 2.3. The Contractor shall collaborate with the Department to improve specific processes and performance items based on completed evaluation activities.
- 2.4. The Contractor shall, with Department guidance, promote routine quitline communications and partnerships with stakeholders and partner organizations including, but not limited to:
 - 2.4.1. Medicaid Managed Care Organizations (MCOs).
 - 2.4.2. Federally Qualified Health Centers (FQHC) and look-alikes.
 - 2.4.3. Rural health hospital systems.
 - 2.4.4. Community Mental Health Centers.
 - 2.4.5. Substance misuse recovery centers.
- 2.5. The Contractor shall analyze raw aggregate data collected from six (6) month follow-up participant surveys, conducted and provided to the selected Applicant by an independent evaluator, to determine the QuitNow-NH Tobacco Treatment Quitline participants' thirty (30) day tobacco abstinence rates, and submit the formatted aggregate data to the Department.

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EXHIBIT B

3. Staffing

- 3.1. The Contractor shall ensure adequate staffing to perform the functions and roles that include, but are not limited to:
 - 3.1.1. Administration of contracted services prioritizing customer service within a finite budget.
 - 3.1.2. Clinical oversight with subject matter expertise for the development of print materials, cessation medications and special population treatments.
- 3.2. The Contractor shall ensure Client Services Representatives are available for day-to-day quitline management and routine communication with the Department.
- 3.3. The Contractor shall ensure Certified Tobacco Treatment Specialists are available to conduct the Quit Coach activities in Subsection 1.8.
- 3.4. The Contractor shall ensure a data analyst is available to provide oversight and subject matter expertise relative to the quitline database in Subsection 1.17.

4. Staff Education and Training

- 4.1. The Contractor shall ensure Certified Tobacco Treatment Specialists routinely participate in continuing education trainings that include, but are not limited to:
 - 4.1.1. Trans Theoretical Behavior Change for moving participants through the stages of change model to increase self-efficacy, determine commitment to change and prevent relapse.
 - 4.1.2. Pharmacotherapy types, uses, potential side effects and coping with side effects.
 - 4.1.3. Conflict resolution and customer relations.
 - 4.1.4. Assessing, identifying and reacting to participants with emotional instability.
 - 4.1.5. Certification and/or license renewal(s) for those coaches serving special populations.
- 4.2. The Contractor shall ensure staff achieve certification through a tobacco treatment specialist training curriculum accredited by the Council for Tobacco Treatment Training Programs, prior to engaging with individuals.

5. Reporting

- 5.1. The Contractor shall provide monthly aggregate reports that contain de-identified data to the Department no later than the tenth (10th) day of the month. The Contractor shall ensure reports include, but are not limited to:
 - 5.1.1. Client details for services provided based on NAQC standardized measures for calls to 1-800-QUIT-NOW.



EXHIBIT B

- 5.1.2. Client demographics.
- 5.1.3. Provider referral details that include, but are not limited to:
 - 5.1.3.1. Whether referrals were Web-based or e-Referrals.
 - 5.1.3.2. Name and address of the health care facility.
 - 5.1.3.3. Name of the referring provider.
 - 5.1.3.4. Outcome status of each referral.
- 5.1.4. Participants by county, de-identified.
- 5.1.5. Participants by medical condition, de-identified.
- 5.1.6. Participants by behavioral/mental/emotional health condition, de-identified.
- 5.1.7. Website utilization metrics.
- 5.1.8. Provider utilization by clinic name, address, county and outreach call outcome.
- 5.1.9. Additional report queries upon Department request.

6. Deliverables

- 6.1. The Contractor shall submit the following Deliverables to the Department within thirty (30) days of the contract effective date:
 - 6.1.1. A copy of the brief Intake Screening;
 - 6.1.2. A copy of the Intake Screening in the specialty behavior health program;
 - 6.1.3. A copy of the Intake Screening when a woman enters the Pregnancy/Post-Partum (PPP) program;
 - 6.1.4. A sample of a data-sharing agreement;
 - 6.1.5. A sample of all print materials mailed to adolescents and adults enrolling in services, including co-occurring chronic diseases; and
 - 6.1.6. A sample of IVR script/menu for outbound calls, inbound 1-800-QUIT-NOW calls, caller waiting in times of high call volume.
- 6.2. The Contractor shall develop and submit an Annual Outcomes Report to the Department by April 30th each year of the contract period that must include, but is not limited to:
 - 6.2.1. One (1) year of aggregate data for delivered services in a format approved by the Department.
 - 6.2.2. Survey. Participants' thirty (30) day tobacco abstinence rates in accordance with Subsection 2.5.

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EXHIBIT B

6.2.3. Documentation demonstrating the Performance Measures in Section 7 are achieved.

7. Performance Measures

- 7.1. The Contractor shall maintain a minimum of ninety percent (90%) live-answer rate each month of the contract period.
- 7.2. The Contractor shall achieve a two percent (2%) Reach Rate Goal (Baseline of .25%).
- 7.3. The Contractor shall achieve a thirty-five percent (35%) Rate Goal (Overall Baseline of thirty-two percent (32%).
- 7.4. The Contractor shall attend a minimum of fifteen (15) meetings in a twelve (12) month period with Department staff to monitor contracted services.
- 7.5. The Contractor shall actively and regularly collaborate with the Department to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.
- 7.6. The Contractor may be required to provide other key data and metrics to the Department, including client-level demographic, performance, and service data.
- 7.7. Where applicable, the Contractor shall collect and share data with the Department in a format specified by the Department.

8. Additional Terms

- 8.1. North American Quitline Consortium Guidance
 - 8.1.1. The Contractor shall rely on the North American Quitline Consortium (NAQC) Guidance for evidence of best practices in all quitline operations, policies and procedures.
- 8.2. Impacts Resulting from Court Orders or Legislative Changes
 - 8.2.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 8.3. Culturally and Linguistically Appropriate Services (CLAS)
 - 8.3.1. The Contractor shall submit and comply with a detailed description of the language assistance services they will provide to persons with limited English proficiency and/or hearing impairment to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 8.4. Credits and Copyright Ownership

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EXHIBIT B

- 8.4.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement, "The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."
- 8.4.2. All materials produced or purchased under the contract shall have prior approval from the Department before printing, production, distribution or use.
- 8.4.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:
 - 8.4.3.1. Brochures.
 - 8.4.3.2. Resource directories.
 - 8.4.3.3. Protocols or guidelines.
 - 8.4.3.4. Posters.
 - 8.4.3.5. Reports.
- 8.4.4. The Contractor shall not reproduce any materials produced under the contract without prior written approval from the Department.

9. Records

- 9.1. The Contractor shall keep records that include, but are not limited to:
 - 9.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.
 - 9.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
 - 9.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each

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EXHIBIT B

such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

9.1.4. Medical records on each patient/recipient of services.

9.2. During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

10. Termination Report/Transition Plan

- 10.1. In the event of early termination of the Agreement, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishing a process to meet those needs.
- 10.2. The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
- 10.3. In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
- 10.4. The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

11. Exhibits Incorporated

11.1. All Exhibits D through H and J are attached hereto and incorporated by

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EXHIBIT B

reference herein.

- 11.2. The Contractor shall use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties and is incorporated by reference herein.
- 11.3. The Contractor shall manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements, which is attached hereto and incorporated by reference herein.

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EXHIBIT C

Payment Terms

1. This Agreement is 100% funded by the National State-Based Tobacco Control Programs, as awarded on October 4, 2019, by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention CFDA #93.305.
2. For the purposes of this Agreement:
 - 2.1. The Department has identified the Contractor as a Subrecipient in accordance with 2 CFR 200.0. et seq.
 - 2.2. The de minimis Indirect Cost Rate of 10% applies in accordance with 2 CFR §200.414.
 - 2.3. The Department has identified this Contract as NON-R&D, in accordance with 2 CFR §200.87.
3. The Contractor shall submit an invoice on a fixed fee per service basis in a form satisfactory to the State by the fifteenth (15th) working day of the following month, which identifies services utilized in the prior month. The Contractor shall ensure the invoice is completed, dated and returned to the Department in order to initiate payment, and shall be in accordance with the approved budget and fee schedule.
4. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to DHHSContractBilling@dhhs.nh.gov, or invoices may be mailed to:

Financial Manager
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301
5. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available, subject to Paragraph 4 of the General Provisions Form Number P-37 of this Agreement.
6. The final invoice shall be due to the State no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
7. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

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Date 5/15/20



EXHIBIT C

8. The Contractor agrees that funding under this Agreement may be withheld, in whole or in part in the event of non-compliance with the terms and conditions of Exhibit B, Scope of Services.
9. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this agreement may be withheld, in whole or in part, in the event of non-compliance with any Federal or State law, rule or regulation applicable to the services provided, or if the said services or products have not been satisfactorily completed in accordance with the terms and conditions of this agreement.
10. Notwithstanding Paragraph 18 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
11. Audits
 - 11.1. The Contractor is required to submit an annual audit to the Department if **any** of the following conditions exist:
 - 11.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
 - 11.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
 - 11.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
 - 11.2. If Condition A exists, the Contractor shall submit an annual single audit performed by an independent Certified Public Accountant (CPA) to the Department within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.
 - 11.2.1. As a fixed fee per service subrecipient, Contractor will include the total amount of final invoice for the fiscal year as a single item in the annual audit.
 - 11.3. If Condition B or Condition C exists, the Contractor shall submit an



EXHIBIT C

annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

- 11.4. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

Exhibit C-1 (SFY 2021), Budget

New Hampshire Department of Health and Human Services			
Contractor name <u>National Jewish Health</u>			
Budget Request for: <u>RFA-2021-DPHS-01-TOBAC-01</u>			
Budget Period: <u>July 1, 2020 - June 30, 2021</u>			
Line Item	Total Program Cost		
	Direct	Indirect	Total
1. Total Salary/Wages	\$ 140,560.00	\$ 9,136.40	\$ 149,696.40
2. Employee Benefits	\$ 45,000.00	\$ 2,925.00	\$ 47,925.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -
Pharmacy	\$ 111,000.00	\$ -	\$ 111,000.00
Medical	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -
7. Occupancy	\$ 1,378.60	\$ -	\$ 1,378.60
8. Current Expenses	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 45,000.00	\$ -	\$ 45,000.00
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 17,000.00	\$ -	\$ 17,000.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 359,938.60	\$ 12,061.40	\$ 372,000.00

Indirect As A Percent of Direct

3.4%

Contractor Initials

CWS

Date

5/15/20

Exhibit C-2 (SFY 2022), Budget

New Hampshire Department of Health and Human Services			
Contractor name <u>National Jewish Health</u>			
Budget Request for: <u>RFA-2021-DPHS-01-TOBAC-01</u>			
Budget Period: <u>July 1, 2021 - June 30, 2022</u>			
Line Item	Total Program Cost		
	Direct	Indirect	Total
1. Total Salary/Wages	\$ 140,560.00	\$ 9,136.40	\$ 149,696.40
2. Employee Benefits	\$ 45,000.00	\$ 2,925.00	\$ 47,925.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -
Pharmacy	\$ 95,000.00	\$ -	\$ 95,000.00
Medical	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -
7. Occupancy	\$ 1,378.60	\$ -	\$ 1,378.60
8. Current Expenses	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 33,000.00	\$ -	\$ 33,000.00
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 15,000.00	\$ -	\$ 15,000.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 329,938.60	\$ 12,061.40	\$ 342,000.00

Indirect As A Percent of Direct

3.7%

Contractor Initials

Date

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[Handwritten Date: 5/15/20]



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

**US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS**

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
 - 1.2.1. The dangers of drug abuse in the workplace;
 - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

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New Hampshire Department of Health and Human Services
Exhibit D



- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check if there are workplaces on file that are not identified here.

Vendor Name: National Jewish Health

Name: Christine Forkner
Title: EVP Corporate Affairs & CFO

5/15/20
Date

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5/15/20



CERTIFICATION REGARDING LOBBYING

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):

- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-1.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Vendor Name: National Jewish Health

Name: Christine Forkner

Title: EVP Corporate Affairs & CFO

5/15/2020
Date

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5/15/20



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS**

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

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5/15/20



information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
 - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Vendor Name: National Jewish Health

Name: Christine Forkner
Title: EVP Corporate Affairs & CFO

5/15/2020
Date

CJF
Date 5/15/20



**CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO
FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND
WHISTLEBLOWER PROTECTIONS**

The Vendor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Vendor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

Exhibit G

Vendor Initials

CHS

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

New Hampshire Department of Health and Human Services
Exhibit G



In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Vendor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Vendor agrees to comply with the provisions indicated above.

5/15/2020
Date

Vendor Name: National Jewish Health

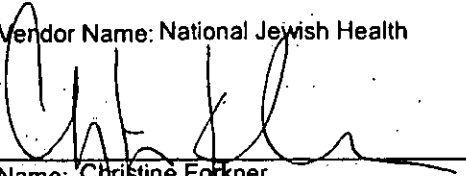

Name: Christine Forkner
Title: EVP Corporate Affairs & CFO

Exhibit G

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Vendor Initials CF

Date 5/15/20



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Vendor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Vendor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Vendor Name: National Jewish Health

A handwritten signature in black ink, appearing to read "Christine Forkner", written over a horizontal line.

Name: Christine Forkner
Title: EVP Corporate Affairs & CFO

5/15/2020
Date



Exhibit I

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) **Definitions.**

- a. "**Breach**" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. "**Business Associate**" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "**Covered Entity**" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "**Designated Record Set**" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "**Data Aggregation**" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "**Health Care Operations**" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "**HITECH Act**" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "**HIPAA**" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. "**Individual**" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "**Privacy Rule**" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. "**Protected Health Information**" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

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Exhibit I

- i. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) Business Associate Use and Disclosure of Protected Health Information.

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business



Exhibit I

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate.

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.

- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:

- o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
- o The unauthorized person used the protected health information or to whom the disclosure was made;
- o Whether the protected health information was actually acquired or viewed
- o The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI.



Exhibit I

- pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.
- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
 - g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
 - h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
 - i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
 - j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
 - k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
 - l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

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5/15/20



Exhibit I

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

[Handwritten Signature]
Date 5/15/20



Exhibit I

- e. **Segregation.** If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. **Survival.** Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services
The State

[Handwritten Signature]
Signature of Authorized Representative

Christie Tappan
Name of Authorized Representative

Associate Commissioner
Title of Authorized Representative

5/22/2020
Date

National Jewish Health
Name of the Contractor

[Handwritten Signature]
Signature of Authorized Representative

Christine Forkner
Name of Authorized Representative

EVP Corporate Affairs & CFO
Title of Authorized Representative

5/15/2020
Date



CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name: National Jewish Health

Name: Christine Forkner
Title: EVP Corporate Affairs & CFO

5/15/2020
Date

New Hampshire Department of Health and Human Services
Exhibit J



FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 076443019
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

X NO _____ YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

_____ NO _____ YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____

CJH
5/15/20

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to, Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

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5/15/20

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
2. The Contractor must not disclose any Confidential Information in response to a

[Handwritten Signature]

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- request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.
3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
 4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
 5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
 6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open

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wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist; unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

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whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

- A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:
 1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
 2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

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DHHS Information Security Requirements



3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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New Hampshire Department of Health and Human Services

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the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doi/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
 - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
 - b. safeguard this information at all times.
 - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
 - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

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5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

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5/15/20

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jenna Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

National Jewish Health

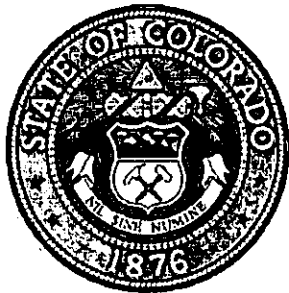
is a

Nonprofit Corporation

formed or registered on 09/14/1978 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871355345.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/28/2020 that have been posted, and by documents delivered to this office electronically through 06/01/2020 @ 07:19:19.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 06/01/2020 @ 07:19:19 in accordance with applicable law. This certificate is assigned Confirmation Number 12373115.



Jenna Griswold

Secretary of State of the State of Colorado

.....End of Certificate.....

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

State of New Hampshire

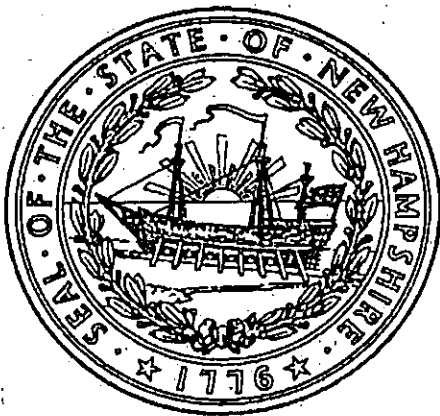
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NATIONAL JEWISH HEALTH is a Colorado Nonprofit Corporation registered to transact business in New Hampshire on May 06, 2015. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 725962

Certificate Number: 0004898303



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 22nd day of April A.D. 2020.

A handwritten signature in cursive script, appearing to read "Wm Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF AUTHORITY

I, Dr. Michael Salem, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of National Jewish Health.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on January 22, 2020, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Christine Forkner, EVP Corporate Affairs/CFO (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of National Jewish Health to enter into contracts or agreements with the State
(Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached: This authority **remains valid for thirty (30) days** from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 5/22/2020

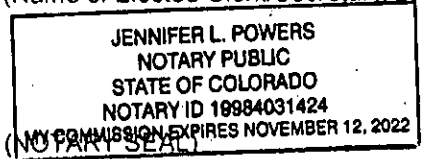
[Signature]
Signature of Elected Officer
Name: Dr. Michael Salem
Title: President/CEO

STATE OF COLORADO

County of Denver

The foregoing instrument was acknowledged before me this 22 day of May, 2020.

By Dr. Michael Salem
(Name of Elected Clerk/Secretary/Officer of the Agency)



[Signature]
(Notary Public/Justice of the Peace)

Commission Expires: 11/12/2022

Mission Statements

Institutional Mission Statement

Our Mission since 1899 is to heal, to discover, and to educate as a preeminent health care institution.

We serve by providing the best integrated and innovative care for patients and their families; by understanding and finding cures for the diseases we research; **and by educating and training the next generation of health care professionals to be leaders in medicine and science.**

National Jewish Health and Subsidiary

Consolidated Financial Statements
(With Independent Auditor's Report Thereon)

June 30, 2019 and 2018

National Jewish Health and Subsidiary

June 30, 2019 and 2018

Contents

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Independent Auditor's Report

Board of Directors
National Jewish Health
Denver, Colorado

We have audited the accompanying consolidated financial statements of National Jewish Health and Subsidiary (National Jewish Health), which comprise the consolidated statements of financial position as of June 30, 2019 and 2018, and the related consolidated statements of activities and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Board of Directors
National Jewish Health

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of National Jewish Health as of June 30, 2019 and 2018, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As described in Note 3 to the financial statements, in 2019, the Organization adopted Accounting Standards Update (ASU) 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*, ASU 2018-08, *Clarifying the Scope and Accounting Guidance for Contributions Received and Contributions Made (Topic 958)* and ASU 2014-09, *Revenue from Contracts with Customers*. Our opinion is not modified with respect to these matters.

BKD, LLP

Denver, Colorado
October 23, 2019

National Jewish Health and Subsidiary

Consolidated Statements of Financial Position

June 30, 2019 and 2018

(In thousands)

	2019	2018
Current assets:		
Cash and cash equivalents	\$ 4,327	\$ 2,577
Short-term investments	3,000	-
Accounts receivable:		
Patient care, net	27,442	28,026
Grant revenue receivable	561	755
Bequests, net	1,910	2,266
Pledges, net	18,299	20,332
Contributions receivable - program services	7,940	5,493
Receivable from joint ventures	3,417	9,315
Other	4,870	1,829
Assets held by trustees – current portion	2,746	2,653
Prepaid expenses	2,924	2,203
Drugs and supplies	2,694	2,299
Total current assets	80,130	77,748
Assets whose use is limited:		
Internally-designated assets	47,543	46,732
Assets held by trustee, net of current portion	1,217	1,276
Assets reserved for gift annuities	7,719	8,021
Other	121	128
Total assets whose use is limited	56,600	56,157
Other assets:		
Long-term investments	66,060	63,918
Contributions receivable under unitrust agreements	1,649	2,001
Pledges, net of current portion and allowance	12,832	13,394
Beneficial interest under perpetual and other trust agreements	12,695	12,963
Other	2,476	2,311
Total other assets	95,712	94,587
Property and equipment, at cost:		
Land	13,053	13,053
Buildings	101,842	99,976
Equipment and software	78,204	81,941
Construction-in-progress	437	-
	193,536	194,970
Less accumulated depreciation	(121,749)	(121,590)
Property and equipment, net	71,787	73,380
Total assets	\$ 304,229	\$ 301,872

National Jewish Health and Subsidiary
Consolidated Statements of Financial Position (continued)
June 30, 2019 and 2018
(In thousands)

	2019	2018
Current liabilities:		
Accounts payable and accrued expenses	\$ 7,471	\$ 8,372
Line of credit	6,924	13,581
Refundable advances	3,062	1,270
Worker's compensation, current portion	172	144
Accrued salaries, wages, and employee benefits	8,081	7,695
Unearned revenue	2,438	2,997
Estimated settlements with third-party payors	2,807	1,798
Accrued vacation, current portion	3,321	3,335
Long-term debt, current portion (including capital leases)	5,912	4,040
Liability under annuity contracts, current portion	1,412	1,401
Liability under unitrust agreements, current portion	153	155
Total current liabilities	41,753	44,788
Accrued vacation, net of current portion	990	1,092
Liability under annuity contracts, net of current portion	7,679	8,453
Liability under unitrust agreements, net of current portion	1,520	2,234
Long-term debt, net of current portion	24,137	30,103
Other	1,346	1,409
Total liabilities	77,425	88,079
Net assets:		
Without donor restrictions	87,606	71,082
With donor restrictions	139,198	142,711
Total net assets	226,804	213,793
Total liabilities and net assets	\$ 304,229	\$ 301,872

National Jewish Health and Subsidiary

Consolidated Statements of Activities

Years Ended June 30, 2019 and 2018

(In thousands)

	2019	2018
Changes in net assets without donor restrictions:		
Revenue, gains, and other support without donor restrictions:		
Net patient service revenue	\$ 147,956	\$ 140,965
Health initiatives revenue	14,030	9,711
Revenue from joint ventures	9,397	17,186
Professional education revenue	364	3,001
Grant research awards	56,016	40,670
Other operating revenue	31,367	14,077
Major gifts	2,183	1,789
Direct mail	2,342	2,258
Special events, net of direct donor benefits of \$3,211 and \$3,022, respectively	2,516	2,684
Bequests	2,551	2,464
Gift annuity contributions	411	346
Investment income, net	2,768	3,208
Total revenue, gains, and other support without donor restrictions	271,901	238,359
Net assets released from restriction:		
Net assets released from restriction – grants	695	10,351
Net assets released from restriction – public support	22,603	11,006
Net assets released from restriction – professional education	2,552	-
Total net assets released from restriction	25,850	21,357
Expenses:		
Academic services	103,937	98,794
Clinical services	108,506	92,900
Health initiatives and marketing	16,311	13,053
Professional education	2,215	2,232
Fund development	8,128	8,137
Administration and fiscal support	32,148	31,937
Support services	12,378	12,133
Bad debt expense	-	1,843
Total expenses	283,623	261,029
Other income (expense):		
Increase (decrease) in value of gift annuities	743	(16)
Loss on disposal of property and equipment	-	(20)
Net gain realized from insurance proceeds	1,653	-
Total other income (expense):	2,396	(36)
Increase (decrease) in net assets without donor restrictions	16,524	(1,349)

National Jewish Health and Subsidiary
Consolidated Statements of Activities (continued)
Years Ended June 30, 2019 and 2018
(In thousands)

	<u>2019</u>	<u>2018</u>
Changes in net assets with donor restrictions:		
Grant support – restricted	695	10,850
Professional education revenues – restricted	4,278	-
Major gifts	9,141	15,396
Direct mail	207	191
Special events	1,160	1,161
Bequests	2,177	2,417
Change in value of split-interest agreements	1,980	2,757
Investment gain, net	1,579	1,741
Contributions – restricted in perpetuity	1,348	4,832
Change in beneficial interest in perpetual trusts	(228)	304
Total revenue with donor restrictions	<u>22,337</u>	<u>39,649</u>
Net assets released from restrictions – grants	(695)	(10,351)
Net assets released from restrictions – public support	(22,603)	(11,006)
Net assets released from restrictions – professional education	(2,552)	-
Total net assets released from restrictions	<u>(25,850)</u>	<u>(21,357)</u>
(Decrease) increase in net assets with donor restrictions	<u>(3,513)</u>	<u>18,292</u>
Increase in net assets	13,011	16,943
Net assets, beginning of year	<u>213,793</u>	<u>196,850</u>
Net assets, end of year	<u>\$ 226,804</u>	<u>\$ 213,793</u>

National Jewish Health and Subsidiary

Consolidated Statements of Cash Flows

June 30, 2019 and 2018

(In thousands)

	2019	2018
Cash flows from operating activities:		
Increase in net assets -	\$ 13,011	\$ 16,943
Items not requiring (providing) cash		
Depreciation	7,432	8,007
Bad debt expense	-	1,843
Unrealized losses (gains)	1,081	(120)
Increase in net assets with donor restrictions in perpetuity	(1,120)	(5,136)
Bond premium, discount, and issuance cost amortization	(1,282)	(54)
Net gain realized from insurance proceeds	(1,653)	-
Changes in		
Transfer of internally designated assets to short term investments	3,000	-
Patient care accounts receivable	584	(814)
Grant receivables	194	(351)
Pledges receivable	2,595	(8,790)
Bequests receivable	356	(1,739)
Other current assets	1,741	(2,235)
Contributions receivable - program services	(2,447)	-
Contributions receivable - other	352	538
Beneficial interest under perpetual trust	268	(287)
Other assets	(165)	448
Estimated third-party payor settlements	1,009	24
Accounts payable and accrued expenses, workers compensation, accrued salaries, wages, and employees benefits and unearned grants	(1,108)	(6,383)
Refundable advances	1,792	-
Accrued vacation	(116)	63
Net cash provided by operating activities	25,524	1,957

National Jewish Health and Subsidiary
Consolidated Statements of Cash Flows (continued)
June 30, 2019 and 2018
(In thousands)

	2019	2018
Cash flows from investing activities:		
Purchases of property and equipment	(6,208)	(3,660)
Proceeds from insurance	2,022	-
Transfer of internally designated assets to short term investments	(3,000)	-
Purchases of internally designated assets	(7,489)	(12,430)
Proceeds from sale of internally designated assets	3,768	10,495
Proceeds from sale of assets held by trustees	3	103
Purchases of investments and assets reserved for gift annuities	(20,882)	(23,209)
Proceeds from sale of investments and assets reserved for gift annuities	17,842	22,379
Net cash used in investing activities	(13,944)	(6,322)
Cash flows from financing activities:		
Line of credit, net change	(6,657)	4,009
Repayment of long-term debt	(2,812)	(4,125)
Decrease in liability under gift annuity agreements	(764)	(979)
Decrease in liability under unitrust agreements	(717)	(595)
Increase in net assets with donor restrictions in perpetuity	1,120	5,136
Net cash (used in) provided by financing activities	(9,830)	3,446
Net increase (decrease) in cash and cash equivalents	1,750	(919)
Cash and cash equivalents, beginning of year	2,577	3,496
Cash and cash equivalents, end of year	\$ 4,327	\$ 2,577
Supplemental schedule of noncash activities:		
Capital lease obligation incurred for property and equipment	\$ -	\$ 1,012
Cash paid for interest	\$ 1,658	\$ 1,782

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

June 30, 2019 and 2018

(In thousands)

(1) Corporate Organization

(a) Organization

National Jewish Health and Subsidiary (National Jewish Health), a Colorado nonprofit corporation, is a national referral medical institute engaged in patient care, medical research, and teaching, primarily in areas of respiratory, allergic, and immunologic medicine. National Jewish Health is the product of a consolidation in 1978 between National Jewish Hospital and Research Center, founded in 1899, and National Asthma Center, founded in 1907.

National Jewish Health is a nonprofit corporation as described in Section 501(c)(3) of the Internal Revenue Code (IRC) and is exempt from federal income taxes on related income pursuant to Section 501(a) of the IRC and a similar provision of state law.

In 2002, the National Jewish Illiquid Assets Holding Company, LLC, a wholly owned subsidiary of National Jewish Health, was incorporated. The purpose of this subsidiary is to hold donated property until sold. All related intercompany transactions and balances have been eliminated in consolidation.

Joint Ventures

Effective December 2013, National Jewish Health formed a limited liability corporation in a joint venture with the Icahn School of Medicine doing business as the Mount Sinai – National Jewish Respiratory Institute to oversee the creation and operations of a joint respiratory institute at various sites in the Mount Sinai integrated health care system in New York City, New York.

Effective August 2014, National Jewish Health entered into a joint operating agreement with Sisters of Charity of Leavenworth (SCL) Health/St. Joseph Hospital for the joint management and operation of National Jewish Health's in-state patient care and St. Joseph Hospital. The new entity is overseen by a Board of Directors with representation from both entities.

Effective April 2017, National Jewish Health formed a limited liability corporation in a joint venture with Thomas Jefferson University doing business as the Jane and Leonard Korman Jefferson Health | National Jewish Health Respiratory Institute to oversee the development and operations of a joint respiratory institute at various sites in the Jefferson Health System in Philadelphia, Pennsylvania.

(b) Compliance with Health Care Industry Laws and Regulations

All hospitals and other providers of healthcare are subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse.

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

June 30, 2019 and 2018

(In thousands)

Recently, government activity has increased with respect to investigations and allegations involving several healthcare providers throughout the country concerning possible violations of fraud and abuse statutes and regulations by these healthcare providers. Violations of these laws and regulations can result in expulsion from government healthcare programs together with imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes National Jewish Health is in substantial compliance with applicable government laws and regulations.

(2) Summary of Significant Accounting Policies

(a) Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions which affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ significantly from those estimates.

(b) Contributions, Promises to Give and Bequests

National Jewish Health receives funding from a number of sources, such as donations from individuals, foundations, government and corporate grants for research, state public health departments for smoking cessation services and nicotine replacement, and pharmaceutical companies to fund continuing education for medical professionals.

Contributions received from donors and other funding agencies are recorded as net assets without donor restrictions, unless otherwise stipulated by the donor or agency. If the contribution is restricted, revenue is recorded to net assets with donor restrictions at the time of receipt or commitment is received, whichever is earlier. When the donor restriction expires, the contribution is reclassified to net assets without donor restrictions through net assets released from restriction in the consolidated statements of activities. All expenses directly related to donor restrictions are included in the appropriate expense category on the net assets without donor restrictions section of the consolidated statements of activities, creating a reduction in net assets without donor restrictions.

Unconditional promises to give expected to be collected within one year are recorded at fair value, while if collection is expected in future years they are recorded at their estimated fair value, which represents the present value of their estimated future cash flows. Amortization of the related present value discounts is included in contribution revenue.

Conditional promises to give are not included as revenue, gains, and other support without donor restrictions until the conditions placed on the gift by the donor or agency are substantially met. When the contribution is both conditional and restricted to a purpose, and both of these are met simultaneously, National Jewish Health has elected to record contribution revenue directly to net assets without donor restrictions according to the simultaneous release accounting election provided in FASB Accounting Standards Codification 958-605-45-4B.

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

June 30, 2019 and 2018

(In thousands)

Bequest income is recognized when all of the following criteria are met: (1) National Jewish Health has received notification of the donor's death; (2) National Jewish Health has a copy of the valid will or trust document evidencing the bequest; and (3) the value of the gift can be reasonably estimated. Accrued bequest income is shown as net assets with donor restrictions until received.

Contributions restricted to purchase property, plant, and equipment are reported as net assets with donor restrictions, then released to without donor restrictions when purchased and placed in service, unless the donor stipulates how long the assets must be used. In that case, the restriction is released as stipulated and the asset is depreciated over the asset's useful life.

(c) Pooled Income Gifts

National Jewish Health also receives pooled income gifts. Under the terms of these contributions, the gifts of various donors are pooled and invested as a group. Each donor is allocated a percentage of the assets, referred to as units. The donor is paid the income, as defined under the arrangement, earned on the donor's assigned units. Upon the donor's death, the value of these assigned units reverts to National Jewish Health. The remainder interest in the assets received is recognized as net assets with donor restrictions in the period in which the assets are received from the donor. The contribution is measured at the fair value of the assets to be received, discounted for the estimated time period until the donor's death. The contributed assets are recognized at fair value when received. The difference between the fair value of the assets received and the contribution revenue recognized is recorded as deferred revenue and reported in the liability under annuity contracts in the consolidated statements of financial position. This represents the amount of discount for future interest.

(d) Beneficial Interest in Perpetual Trusts

National Jewish Health receives perpetual trusts in which it has the irrevocable right to receive the income earned on the trust assets in perpetuity, but never receives the corpus. These trusts are administered by third parties and are recognized as contribution revenue and as an asset upon notification of the trust's existence. The contribution is measured at the fair value of the trust's assets, which approximates the present value of the estimated future cash receipts from the trust's assets. The contribution revenue is classified as net assets with donor restrictions. Annual distributions from the trusts are reported as net investment income within assets without donor restrictions unless restricted by the donor.

(e) Charitable Remainder Trusts

National Jewish Health is the beneficiary in various charitable remainder trusts in which a donor establishes and funds a trust with specified distributions to be made to a designated beneficiary or beneficiaries over the trust's term. Under the terms of the trust, National Jewish Health receives the assets remaining upon termination of the trust. The distributions to the beneficiaries may be for a specified dollar amount, an arrangement called a charitable remainder annuity trust (CRAT), or for a specified percentage of the trust's fair value determined annually, an arrangement called a charitable remainder unitrust (CRUT). Some CRUTs limit the annual payout to the lesser of the stated percentage or the actual income earned. Obligations to the beneficiaries are limited to the trust's assets. Contributions are recognized when the trust is established. For those trusts in which

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

June 30, 2019 and 2018

(In thousands)

National Jewish Health is the trustee, the assets are recorded at fair value when received, and the liability to the donor's beneficiary is recorded as the present value of the estimated future payments to be distributed over the beneficiary's expected life. The amount of the contribution is the difference between these amounts and is classified as net assets with donor restrictions. Changes in actuarial assumptions are recognized changes in value of split-interest agreements in the with donor restriction section of the consolidated statements of activities. Income earned on trust assets, gains, and losses is reflected in the consolidated statements of activities. Adjustments to the liability to reflect amortization of the discount or revaluation of the present value of the estimated future payments to the beneficiary are also reflected in the consolidated statements of activities. Upon the death of the beneficiary, the liability is closed, and any balance is recognized as a change in the value of split-interest agreements and is reclassified to either net assets with or without donor restrictions as appropriate.

When National Jewish Health is not the trustee, the agreement is recognized as an unconditional promise to give. National Jewish Health recognizes the estimated fair value of the contribution (present value of the estimated future benefits to be received) as donor-restricted contributions revenue and a receivable when the trust assets are distributed upon termination of the trust. Adjustments to the receivable to reflect amortization of the discount or revaluation of the present value of the estimated future benefits are recognized as changes in the value of split-interest agreements. Upon the death of the beneficiary, the receivable is closed, the assets received from the trust are recognized at fair value, and any difference is reported as a change in the value of split-interest agreements and is reclassified to either net assets with or without donor restrictions as appropriate.

(f) Charitable Lead Trusts

National Jewish Health is the beneficiary in a charitable lead annuity trust (CLAT) in which a donor establishes and funds a trust with specific distributions to be made to National Jewish Health over a specified period. The contribution is recognized when the trust is established. When National Jewish Health is not the trustee, the agreement is recognized as an unconditional promise to give. National Jewish Health recognizes its beneficial interest in the assets as contributions revenue with donor restrictions and as a receivable at the estimated fair value of the contribution (the present value of the estimated future cash flows). Distributions from the trust are reflected as a reduction in the receivable and are classified to net assets without donor restrictions.

(g) Gift Annuities

National Jewish Health receives charitable gift annuities. The donor contributes assets in exchange for National Jewish Health's promise to pay a fixed amount for a specified period of time to the donor or to individuals or organizations designated by the donor. Assets received under gift annuity agreements are recognized at fair value when received. A corresponding annuity liability is recognized at the present value of future cash flows expected to be paid to the assigned beneficiary. Adjustments to the annuity liability to reflect amortization of the discount and changes in the life expectancy of the beneficiary are recognized as changes in the value of split-interest agreements in the donor-restricted section of the consolidated statements of activities. Upon the death of the beneficiary, the annuity liability is closed, and a change in the value of the split-interest agreements is recognized.

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

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(In thousands)

(h) Grant Research Awards

Total grant research awards consists of grants from the federal government, charitable foundations, and private corporations. These grants are classified as exchange transactions if the grantor is receiving the direct benefit of the research and contributions if the grantor is not receiving the direct benefit. Most grants are contributions where the public receives the direct benefit. All grants have a restricted purpose and most are conditional. This determination is based on the provisions of the award document. Generally, both the condition and restricted purposes are met simultaneously and National Jewish Health has elected the expediency of recording these grant awards to revenues, gains and other support without donor restrictions when the conditions and restrictions have been met. Unconditional restricted contributions are recorded to revenue, gains and other support with donor restrictions at the time the grant is awarded, and released to revenue, gains, and other support without donor restrictions when the restricted purpose has been met. Exchange transactions are recorded directly to revenue, gains, and other support without donor restrictions as performance obligations are met over time. Both the contributions and the exchange transactions are recorded as grant research awards in the consolidated statement of activities. The composition of total grant revenue for the years ended June 30, 2019 and 2018 is as follows:

	2019			2018		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
Contributions	\$ 53,028	\$ 695	\$ 53,723	\$ 37,861	\$ 10,850	\$ 48,711
Exchange transactions	2,987	-	2,987	2,809	-	2,809
	<u>\$ 56,015</u>	<u>\$ 695</u>	<u>\$ 56,710</u>	<u>\$ 40,670</u>	<u>\$ 10,850</u>	<u>\$ 51,520</u>

At June 30, 2019, National Jewish Health had \$51,656 of conditional contributions remaining, primarily consisting of federal grants whose conditions and restrictions relate to National Jewish Health expending allowable costs. These agreements have award end dates ranging from one month to three years.

(i) Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid debt instruments with original maturities of three months or less, excluding amounts whose use is limited by internal designation, donor restriction, legal requirements, or other contractual arrangements.

(j) Debt Issuance Costs

Bond issuance costs and bond discounts related to the issuance of bonds are deferred and amortized over the life of the respective bond issue using the straight-line method. Additionally, capital lease issuance costs related to the issuance of capital leases are deferred and amortized over the life of the capital lease using the straight-line method.

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

June 30, 2019 and 2018

(In thousands)

(k) Investments and Net Investment Return

Investment income, net includes interest and other investment income, dividend, realized and unrealized gains and losses on investments, less external investment expenses. Investment income from endowment investments is reflected in net assets with donor restrictions, then is released from restriction when the Board appropriates the funds for expenditures. Other investment income is reflected in net assets without donor restrictions.

(l) Property and Equipment

Purchased property and equipment is stated at cost. Contributed property and equipment is recorded at fair value at the date of donation. If donors stipulate how long the assets must be used, the contributions are recorded as net assets with donor restrictions. In the absence of such stipulations, contributions of property and equipment are recorded as net assets without donor restrictions. Depreciation of buildings and equipment is calculated using the straight-line method over the estimated useful lives of the assets in accordance with American Hospital Association guidelines. Assets under capital lease obligations and leasehold improvements are amortized over the shorter of the lease term or their respective estimated useful lives.

The estimated useful lives for each major depreciable classification of property and equipment are as follows:

Buildings	20 - 40 years
Equipment and software	3 - 15 years

(m) Long-lived Asset Impairment

National Jewish Health evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimate of future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value.

During the fiscal year 2019, National Jewish Health incurred an impairment loss on several roofs affected by hail damage, which totaled \$369. The gain in insurance proceeds was \$2,022 resulting in a net gain of \$1,653. There was no impairment loss in fiscal year ended June 30, 2018.

(n) Net Assets

Net assets, revenues, gains and losses are classified based on the existence or absence of donor or grantor restrictions.

Net assets without donor restrictions are available for use in general operations and not subject to donor or certain grantor restrictions. The governing board has designated, from net assets without donor or certain grantor restrictions, net assets for operating reserves and an endowment.

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

June 30, 2019 and 2018

(In thousands)

Net assets with donor restrictions are subject to donor or certain grantor restrictions. Some restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other restrictions are perpetual in nature, where the donor or grantor stipulates that resources be maintained in perpetuity.

(o) Net Patient Service Revenue

Patient service revenue is recognized as National Jewish Health satisfies performance obligations under its contracts with patients. Net patient service revenue is reported at the estimated transaction price or amount that reflects the consideration. National Jewish Health expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors, and others for services rendered, taking into consideration both explicit price concessions (such as contractual agreements) and implicit price concessions (such as uncollectible self-pay portions). National Jewish Health pursues collection of self-pay portions, but anticipates a small amount of loss based on historical results. Due to insurance plans, government programs, charitable financial policies (state and National Jewish Health), and uncollectibles, amounts received are generally less than established billing rates.

(p) Other Operating Revenue

Other operating revenue is primarily composed of contract pharmacy revenue totaling \$23,600 and \$6,698 for the years ended 2019 and 2018, respectively. The revenue is earned at a point in time as the performance obligation is met. Remaining other operating revenue also includes physician contracting services, radiology services, and other miscellaneous revenue.

(q) Reclassifications

Certain reclassifications have been made to the 2018 consolidated financial statements to conform to the 2019 financial statement presentation.

(r) Subsequent Events

Subsequent events have been evaluated through October 23, 2019, which is the date the consolidated financial statements were issued.

On October 16, 2019, Colorado Health Facilities Authority Revenue Bonds (NJH-SJH Center for Outpatient Health Project) Series 2019 in the aggregate principal amount of \$72,050,000 were issued on behalf of the NJH-SJH Center for Outpatient Health LLC, a Colorado limited liability company (the Borrower). The Borrower will use the proceeds to (i) finance construction of The Center for Outpatient Health, an outpatient health care facility on the National Jewish Health campus, (ii) fund capitalized interest, and (iii) pay costs of issuance relating to the Bonds and other expenses authorized under the Indenture. The site for construction of the facility is owned by NJH. National Jewish Health leased the site on which the building is to be developed to the Borrower. NJH will purchase the facility from the Borrower under an Installment Sales Agreement at a price equal to the total debt service payable. Sisters of Charity of Leavenworth Health System, Inc. (SCL Health), guaranteed the full payment of debt service amounts due from NJH pursuant to the Installment Sale Contract. NJH's obligation to make payments under the Installment Sale Contract is a non-recourse obligation of NJH limited to NJH's interest in the Building and the Land. Since

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

June 30, 2019 and 2018

(In thousands)

the facility is included in NJH's joint operating agreement (JOA) with SCL Health | St Joseph Hospital, 75% of the depreciation and interest for the facility will be recovered from SCL Health | St. Joseph Hospital through the JOA. The Bonds mature in 2050. Principal payments on the bonds will begin in January 2023.

(s) Presentation of Financial Statements

Management has elected to present the financial statements under the not-for-profit model rather than the healthcare model since National Jewish Health's non-patient revenues, gains and other support are historically in excess of net patient revenue. The difference in presentation would have no effect on the change in net assets.

(3) Changes in Accounting Principle for Fiscal Year Ended June 30, 2019

(a) Revenue from Contracts with Customers

The Financial Accounting Standards Board (FASB) issued ASU 2014-09 revenue recognition standard (Topic 606) which became effective for National Jewish Health on July 1, 2018. Topic 606 outlines a five-step framework that intends to clarify the principles for recognizing revenue and eliminate industry-specific guidance. In addition, ASC 606 revises current disclosure requirements in an effort to help financial statement users better understand the nature, amount, timing, and uncertainty of revenue that is recognized. National Jewish Health adopted ASC 606 using the modified retrospective approach to all patient contracts at the date of initial application. Under the modified retrospective method, the fiscal year 2018 amounts were not impacted by the adoption of Topic 606. The following table shows how revenue recognition would have been reported in fiscal year 2019 had Topic 606 not been adopted:

	2019 Before Transition	2019 After Transition	Change
Refundable advances	\$ 2,102	\$ 3,062	\$ 960
Accounts payable and accrued expense	8,431	7,471	(960)
Patient service revenues, gross	320,023	320,023	-
Deductions from revenue for implicit price concessions - previously-termed bad debt	169,926	172,066	2,140
Net patient services revenues	<u>150,096</u>	<u>147,956</u>	<u>(2,140)</u>
Bad debt expense	<u>2,140</u>	<u>-</u>	<u>(2,140)</u>
Change in net assets	<u>\$ 13,011</u>	<u>\$ 13,011</u>	<u>\$ -</u>

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

June 30, 2019 and 2018

(In thousands)

(b) Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made

The Financial Accounting Standards Board issued ASU 2018-08, *Not-for-Profit Entities (Topic 958-605)*, became effective for National Jewish Health on July 1, 2018. It clarifies definitions and application regarding exchange transactions vs. contributions and conditional vs. unconditional contributions. National Jewish Health has adopted the ASU using the modified prospective method and applied it to agreements that either were not completed as of July 1, 2018 or were entered into after that date. Per the FASB requirements, no prior-period results were restated, and no cumulative-effect adjustments to opening net assets were made. Adoption had the effect of a revenue catch-up for fiscal year ended June 30, 2019 for both professional education and grants revenue, increasing net assets by \$1,806 for contract commitments from the previous year, where the event had not yet occurred. Contributions receivable of \$7,940 were transferred from contract receivable accounts to a dedicated financial statement line. In addition, National Jewish Health transferred refundable advances to a dedicated financial statement line, including \$2,102 for conditional contributions paid in advance originally recorded as unearned for grants and health initiatives, and \$960 for Topic 606 for contract refundable advances, mostly resulting from patient services revenue.

(c) Presentation of Financial Statements of Not-for-Profit Entities

The Financial Accounting Standards Board issued ASU 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements for Not-For-Profit Entities*, became effective for National Jewish Health on June 30, 2019. According to these requirements, National Jewish Health made additional required disclosures and changed the classification of unrestricted assets of \$87,606 to net assets without donor restrictions and combined the \$85,722 of temporarily restricted and \$53,476 of permanently restricted to \$139,198 of net assets with donor restrictions.

(4) Patient Service Revenue

Net patient service revenue generally relates to contracts with patients in which the performance obligations are to provide health care services to patients over a period of time. Revenue is estimated for patients who have not been discharged as of the reporting period based on actual charges incurred to date in relation to total expected charges. National Jewish Health believes this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. The contractual relationship with patients also typically involves a third-party payer (Medicare, Medicaid, managed care plans, and commercial insurance companies), and the transaction prices for the services provided are dependent upon the terms provided by or negotiated with the third-party payers. The payment arrangements with third-party payers for the services provided to the related patients typically specify payment or reimbursement to National Jewish Health at other-than-standard charges.

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

June 30, 2019 and 2018

(In thousands)

Because all of its performance obligations relates to contracts with a duration of less than one year, National Jewish Health has elected to apply the optional exemption provided in FASB ASC 606-10-50-14(a), and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations which are unsatisfied or partially unsatisfied at the end of the reporting period. National Jewish Health has also elected the practical expedient allowed under FASB ASC 606-10-32-18 and, therefore, does not adjust the promised amount of consideration from patients and third-party payors for the effects of a significant financing component due to the expectation that the period between the time of service is provided to a patient and the time the patient or a third-party payor pays for that service will be one year or less. Generally, National Jewish Health bills within several days for services provided. The majority of receivables are paid within one year of service or less. National Jewish Health does enter into contracts where payments extend beyond one year. In these limited cases, the financing component is not deemed to be significant to the contract.

National Jewish Health determines the transaction price based on standard charges for goods and services provided, reduced by explicit price concessions which consist of contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with its policy, and implicit price concessions provided to uninsured patients. National Jewish Health determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience. National Jewish Health determines its estimate of implicit price concessions based on its historical collection experience with private pay and uninsured patients. For the fiscal year ended June 30, 2019, implicit price concessions were approximately \$2,140. For the fiscal year ended June 30, 2018, which was prior to the adoption of Topic 606, the bad debt expense was approximately \$1,843 and was recorded as an operating expense in the consolidated statements of activities.

National Jewish Health has determined the nature, amount, timing and uncertainty of revenue and cash flows are affected by payor class. The composition of patient service revenue by primary payor for the fiscal years ended 2019 and 2018 is as follows:

	<u>2019</u>	<u>2018</u>
Medicare	\$ 40,655	\$ 36,920
Medicaid	22,173	19,179
Managed Care, Commercial and Other	84,559	80,921
Self-Pay	569	3,945
Total patient service revenue	<u>\$ 147,956</u>	<u>\$ 140,965</u>

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. As a result of investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the National Jewish Health's compliance with these laws and regulations, and it is not possible to determine the

National Jewish Health and Subsidiary
Notes to the Consolidated Financial Statements
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(In thousands)

impact (if any) such claims or penalties would have upon National Jewish Health. In addition, the contracts National Jewish Health has with commercial payors also provide for retroactive audit and review of claims.

National Jewish Health provides services in Colorado to patients from throughout the United States and internationally. As of June 30, 2019 and 2018, National Jewish Health's net patient receivable for services rendered was approximately \$27,442 and \$28,026, respectively. Possible credit losses are provided for in National Jewish Health's allowance for uncollectible accounts and contractual adjustments in 2018 and as price concessions in 2019 after the adoption of Topic 606.

Settlements with third-party payors for retroactive adjustments due to cost report or other audits and reviews are variable consideration and are included in the determination of the estimated transaction price for providing patient care. This includes an assessment to ensure it is probable a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known based on newly available information or as years are settled or no longer subject to such audits and reviews. Adjustments arising from a change in the transaction price were not significant in 2019 and 2018.

Consistent with National Jewish Health's mission, care is provided to patients regardless of their ability to pay. Financial assistance is made available to patients based upon their ability to pay, and determinations in individual cases are made during National Jewish Health's preadmission process. Because National Jewish Health does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. Expansion of eligibility coverage under Medicaid by the Affordable Care Act has decreased charity care substantially, with National Jewish Health's direct and indirect costs for services furnished under its charity care policy totaled approximately \$374 and \$463 in 2019 and 2018, respectively. National Jewish Health also participates in the Medicare and Medicaid programs. Under these programs, National Jewish Health provides care to patients at payment rates determined by governmental agencies, regardless of actual cost. Governmental rates are frequently below cost.

(5) Natural and Functional Expense Analysis

The tables below present expenses by both their nature and their function for the fiscal years ended June 30, 2019 and 2018.

National Jewish Health and Subsidiary
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June 30, 2019 and 2018
(In thousands)

Natural and Functional Expense Analysis as of Fiscal Year Ended June 30, 2019

	Program Activities			Supporting Activities		FY19 Total Expenses
	Academic Services	Clinical Services	Other Services	Fund Development	Administration, Fiscal, and Support Services	
Salaries and fringe benefits expense	\$ 75,571	\$ 47,305	\$ 8,634	\$ 4,700	\$ 30,029	\$ 166,239
Professional services expense	15,851	4,316	1,192	529	2,151	24,039
Medical supplies and drugs expense	4,807	43,294	3,885	-	1,032	53,018
Occupancy expense	491	1,494	453	685	3,312	6,435
Advertising expense	158	14	1,839	179	84	2,274
Office expense	1,193	1,611	1,012	1,339	4,580	9,735
Equipment and depreciation expense	3,927	5,122	415	216	2,349	12,029
Other expense	1,939	5,349	1,096	480	990	9,854
Total expense	\$ 103,937	\$ 108,505	\$ 18,526	\$ 8,128	\$ 44,527	\$ 283,623

The consolidated financial statements report certain categories of expenses attributable to more than one program or support function. Therefore, these expenses require allocation on a reasonable basis that is applied consistently. The expenses include building and equipment depreciation and interest allocated based on the percentage of total expenses.

Natural and Functional Expense Analysis as of Fiscal Year Ending June 30, 2018

	Program Activities			Supporting Activities		FY18 Total Expenses
	Academic Services	Clinical Services	Other Services	Fund Development	Administration, Fiscal, and Support Services	
Salaries and fringe benefits expense	\$ 72,953	\$ 46,270	\$ 9,557	\$ 4,637	\$ 29,389	\$ 162,806
Professional services expense	11,296	4,288	1,562	494	2,186	19,826
Medical supplies and drugs expense	5,876	29,429	2	-	1,097	36,404
Occupancy expense	543	1,494	413	619	3,398	6,467
Advertising expense	176	38	1,985	130	64	2,393
Office expense	1,226	1,512	473	1,500	4,410	9,121
Equipment and depreciation expense	2,445	4,662	898	498	806	9,309
Other expense	4,279	5,207	395	259	2,720	12,860
Total expense	98,794	92,900	15,285	8,137	44,070	259,186
Bad debt expense	-	1,843	-	-	-	1,843
Total expense	\$ 98,794	\$ 94,743	\$ 15,285	\$ 8,137	\$ 44,070	\$ 261,029

Compared to fiscal year ended June 30, 2018, bad debt expense is not separately disclosed in fiscal year ended June 30, 2019. Instead of being reported as an expense, it is reported as a deduction to patient service revenue. This is a result of adopting ASC 606 revenue recognition guidance.

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

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(In thousands)

(6) Liquidity and Availability of Funds

The following reflects National Jewish Health's liquid financial assets available to meet cash needs for general expenditures for the period of one year after the consolidated statements of financial position date of June 30, 2019.

Cash and cash equivalents	\$	4,327
Short-term investments		3,000
Patient care, net		27,442
Grant revenue receivable		561
Contributions receivable, without donor restrictions		7,651
Bequests, net		1,910
Receivable from joint ventures		3,417
Other		4,870
Total liquid financial assets	\$	<u>53,178</u>

National Jewish Health also has board-designated and donor-restricted assets limited to use which the institution does not intend to spend outside of approved expenditures. Of these, the board-designated and board-designated – quasi accounts, a total of \$30,998 at June 30, 2019, may be drawn upon, if necessary, to meet unexpected liquidity needs. National Jewish Health maintains a line of credit in the amount of \$15,000; which it could draw upon in the event of liquidity needs. The current unused portion of this line of credit is \$8,076 (see Note 15).

National Jewish Health invests cash in excess of daily requirements in various short-term instruments as allowed by the investment policy.

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

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(In thousands)

(7) Promises to Give

The following are unconditional promises to give recognized as receivables as of June 30, 2019 and 2018:

	2019	2018
Pledges	\$ 36,099	\$ 42,478
Bequests	2,049	2,426
Unconditional promises to give before unamortized discount and allowance for uncollectibles	38,148	44,904
Less unamortized discount – plédes	(1,375)	(1,726)
	36,773	43,178
Less:		
Allowance for uncollectibles – pledges	(3,593)	(7,026)
Allowance for uncollectibles – bequests	(139)	(160)
Net unconditional promises to give	\$ 33,041	\$ 35,992
Amounts due in:		
Less than one year	\$ 24,070	\$ 26,569
One to five years	9,188	13,531
More than five years	4,890	4,804
Total	\$ 38,148	\$ 44,904

Discount rates are established when the promise to give is made. Discount rates ranged from 0.48% to 3.42% for both fiscal years ended June 30, 2019 and 2018.

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

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(In thousands)

(8) Contributions Receivable

Contributions receivable for the fiscal years ended June 30, 2019 and 2018, consists of the following:

	2019		
	Without Donor Restrictions	With Donor Restrictions	Total
Grants	\$ 4,767	\$ -	\$ 4,767
Health initiatives	2,690	-	2,690
Professional education	194	289	483
Total	\$ 7,651	\$ 289	\$ 7,940
	2018		
	Without Donor Restrictions	With Donor Restrictions	Total
Grants	\$ 2,618	\$ -	\$ 2,618
Health initiatives	2,875	-	2,875
Total	\$ 5,493	\$ -	\$ 5,493

All contributions receivable are due to National Jewish Health as follows:

	2019			
	Professional Education	Health Initiatives	Grants	Total
Less than one year	\$ 483	\$ 2,690	\$ 4,668	\$ 7,841
One to five years	-	-	99	99
Over five years	-	-	-	-
Total	\$ 483	\$ 2,690	\$ 4,767	\$ 7,940
	2018			
	Professional Education	Health Initiatives	Grants	Total
Less than one year	\$ -	\$ 2,875	\$ 2,364	\$ 5,239
One to five years	-	-	254	254
Over five years	-	-	-	-
Total	\$ -	\$ 2,875	\$ 2,618	\$ 5,493

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

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(In thousands)

(9) Internally-designated Assets

The governing body has designated certain assets for strategic and other future purposes. On June 30, 2019 and 2018, the composition of internally designated assets stated at fair value, as determined by the most recent market quotations or an estimate based on significant other observable inputs are stated below:

	<u>2019</u>	<u>2018</u>
Cash and cash equivalents	\$ 3,060	\$ 8,381
Common stocks and equity funds	14,090	9,131
International securities and equities	6,578	10,130
Fixed income securities	19,892	15,225
U.S. government and agency obligations	628	584
Alternative investments	<u>3,295</u>	<u>3,281</u>
	<u>\$ 47,543</u>	<u>\$ 46,732</u>

(10) Long-term Investments

The composition of long-term investments, stated at fair value, as determined by the most recent market quotations or an estimate based on significant other observable inputs at June 30, 2019 and 2018 is as follows:

	<u>2019</u>	<u>2018</u>
Cash and cash equivalents	\$ 426	\$ 307
Convertible securities and equities	25,916	28,174
International securities and equities	14,053	9,838
Fixed income securities	13,806	14,105
U.S. government and agency obligations	755	285
Alternative investments	<u>11,104</u>	<u>11,209</u>
	<u>\$ 66,060</u>	<u>\$ 63,918</u>

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

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(In thousands)

(11) Composition of Investment Returns

The following summarizes investment returns and classification in the consolidated statements of activities:

	2019	
	Without Donor Restriction	With Donor Restriction*
Interest income, net	\$ 1,750	\$ 2,738
Gains:		
Realized gains	885	1,351
Unrealized gains	133	(1,214)
Total gains	1,018	137
Total return on investments in stock and bond portfolios	<u>\$ 2,768</u>	<u>\$ 2,875</u>
	2018	
	Without Donor Restriction	With Donor Restriction*
Interest income	\$ 1,328	\$ 2,420
Gains:		
Realized gains	1,801	2,045
Unrealized gains	79	41
Total gains	1,880	2,086
Total return on investments in stock and bond portfolios	<u>\$ 3,208</u>	<u>\$ 4,506</u>

* Some amounts are included in change in value of split-interest agreements on the consolidated statements of activities.

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

June 30, 2019 and 2018

(In thousands)

(12) Split-interest Agreements

National Jewish Health has the following split-interest agreements:

	2019		
	Assets	Liabilities	Net
Gift annuities	\$ 40,290	\$ 8,652	\$ 31,638
Unitrust agreements:			
National Jewish Health trusteeships	2,667	1,672	995
Third-party trusteeship, net	1,968	-	1,968
Term endowments	2,383	-	2,383
Pooled income agreements	537	439	98
Total	\$ 47,845	\$ 10,763	\$ 37,082

	2018		
	Assets	Liabilities	Net
Gift annuities	\$ 39,314	\$ 9,378	\$ 29,936
Unitrust agreements:			
National Jewish Health trusteeships	2,713	2,389	324
Third-party trusteeship, net	2,360	-	2,360
Term endowments	2,422	-	2,422
Pooled income agreements	520	432	88
Total	\$ 47,329	\$ 12,199	\$ 35,130

For the above split-interest agreements, a risk-free rate, obtained using U.S. Treasury bonds at the date of the gift, was used in conjunction with actuarially determined life expectancies to calculate present values. The interest rates ranged from 0.48% to 10.00% for 2019 and 2018.

Though the assets received under gift annuity agreements are generally available for unrestricted use and the liability is a general obligation, National Jewish Health is required by several states to set assets aside to pay the regulatory minimum annuity obligation. These funds are classified as assets reserved for gift annuities on the consolidated statements of financial position. These assets are invested in equities and bonds, which are stated at fair value, as determined by the most recent market quotations or an estimate based on significant other observable inputs, and totaled approximately \$7,719 and \$8,021 at June 30, 2019 and 2018, respectively.

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

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(In thousands)

(13) Construction in Progress

At June 30, 2019, National Jewish Health had several on-going construction projects. The total projected costs related to these projects are estimated at \$2,226. As of June 30, 2019, National Jewish Health has expended \$437 related to these projects.

(14) Long-term Debt

Long-term debt at June 30, 2019 and 2018 is summarized as follows:

	2019	2018
Revenue Bonds, Series 2012 (a)	\$ 15,895	\$ 17,705
Revenue Bonds, Series 2005 (b)	9,100	9,500
Gove School Property (c)	3,000	4,250
Unamortized Bond Premium		
Revenue Bonds, Series 2012	705	799
Capital Lease/Financing Arrangement (d)	1,711	2,291
	30,411	34,545
Less: unamortized debt issuance costs	(362)	(402)
Less: current portion	(5,912)	(4,040)
	\$ 24,137	\$ 30,103

(a) Series 2012 Revenue Bonds

The Colorado Health Facilities Authority issued \$26,790 aggregate principal amount of its Refunding Revenue Bonds Series 2012 (the 2012 Bonds) dated March 1, 2012. The proceeds were used to refund the Series 1998 and Series 1998B Bonds. The 2012 Bonds are subject to a mandatory sinking fund redemption beginning January 1, 2026. Final principal payments on the bonds are due in January 2027. Redemption amounts are as follows at June 30, 2019:

2020	\$ 1,910
2021	2,000
2022	2,105
2023	2,205
2024	2,315
Thereafter	5,360
	\$ 15,895

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

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(In thousands)

The 2012 Bonds bear interest at fixed rates varying from 3.00% to 5.00% and are secured by the rights to all future revenue derived from National Jewish Health's property, excluding revenue derived from donor-restricted property if such revenue is unavailable for debt service. The 2012 Bonds are subject to covenants which impose certain operating and financial restrictions on National Jewish Health. Management believes National Jewish Health is in compliance with all covenants for the years ended June 30, 2019 and 2018. Unamortized debt issuance costs for the 2012 Bonds were \$225 and \$255 at June 30, 2019 and 2018, respectively.

(b) Series 2005 Revenue Bonds

In January 2005, the Colorado Health Facilities Authority issued \$13,500 aggregate principal amount of its Series 2005 Revenue Bonds (the 2005 Bonds) dated January 20, 2005. Proceeds from the 2005 Bonds were used to finance the construction of a clinical and research building, as well as several renovation projects and equipment. Unamortized debt issuance costs for the 2005 Bonds were \$137 and \$147 at June 30, 2019 and 2018, respectively.

The 2005 Bonds require annual payments of varying amounts. These payments began on January 1, 2007. Final principal payments on the bonds are due in January 2035. Redemption amounts are as follows at June 30, 2019:

2020	\$	400
2021		400
2022		400
2023		500
2024		500
Thereafter		6,900
		<hr/>
	\$	9,100

The 2005 Bonds bear a variable rate of interest based on the rate at which the bonds could be remarketed at their face value and are secured by the rights to all future revenue derived from National Jewish Health's property, excluding revenue derived from donor-restricted property if such revenue is unavailable for debt service. The interest rate at June 30, 2019 was 2.02%. The 2005 Bonds are backed by an irrevocable transferable letter of credit, which is automatically extended without amendment for an additional period of 12 months. The letter of credit expires April 1, 2020, and is automatically extended by one year, each year, beginning April 1, unless otherwise terminated before the updated expiration date. Unless certain events occur, such as the expiration date of the letter of credit, advances made on the letter of credit are not due for 366 days from the date of the advance. At June 30, 2019 and 2018, no borrowings were outstanding. The 2005 Bonds are subject to covenants, which impose certain operating and financial restrictions on National Jewish Health. Management believes National Jewish Health is in compliance with all covenants for the years ended June 30, 2019 and 2018.

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

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(In thousands)

(c) Gove Middle School Property Promissory Note

In February 2011, National Jewish Health entered into a contract with School District No. 1, in the City and County of Denver and State of Colorado (DPS) to purchase the closed Gove Middle School property for \$9,000. DPS issued a non-recourse promissory note, collateralized by the land, in the amount of \$8,750 which bears interest at a fixed rate of 4%. The principal balance of \$3,000 at June 30, 2019 is due May 23, 2020 and is the final balloon payment. The property is located adjacent to National Jewish Health's main campus, and will be used for furthering National Jewish Health's clinical, research and educational mission.

(d) Capital Lease

In December 2015, National Jewish Health entered into a five-year capital lease with Commerce Bank for the purchase of a new Laboratory Information Management System (LIMS). The total approved under the lease agreement was \$3,000, and draws were made on the financing as vendor invoices were submitted. A total of \$2,828 has been drawn. Two repayment schedules were finalized on March 1, 2017 and December 27, 2017 both ending March 1, 2022 for \$1,816 and \$1,012 with interest rates of 3.58% and 4.08%, respectively.

The following leased equipment and software is included in the accompanying consolidated financial statements as of June 30, 2019 and 2018

	2019	2018
Classes of assets:		
Equipment and software - Commerce Lease	\$ 2,706	\$ 2,712
Less accumulated depreciation	(995)	(350)
	\$ 1,711	\$ 2,362

Future minimum lease payments under capital leases, together with the present value of the net minimum lease payments as of June 30, 2019, are as follows:

2020	\$ 656
2021	656
2022	492
2023	-
Less amount representing interest	(93)
Present value of current lease payments	\$ 1,711

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

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(In thousands)

(e) Held by Trustee

Assets held by trustees represent funds designated by the bond indenture to pay principal and interest on the 2012 and 2005 Bonds. These funds, which are comprised of cash and cash equivalents, relate to the following as of June 30, 2019 and 2018:

	<u>2019</u>	<u>2018</u>
2012 Bonds		
Bond Reserve Fund	\$ 2,771	\$ 2,698
Bond Interest/Principal Fund	<u>397</u>	<u>443</u>
	<u>\$ 3,168</u>	<u>\$ 3,141</u>
2005 Bonds		
Bond Reserve Fund	\$ 790	\$ 783
Bond Interest/Principal Fund	<u>5</u>	<u>5</u>
	<u>\$ 795</u>	<u>\$ 788</u>

(15) Line of Credit

National Jewish Health has a \$15,000 unsecured revolving bank line of credit expiring on March 1, 2021. At June 30, 2019 and 2018, there was \$6,924 and \$13,581, respectively, borrowed against this line, including accrued interest. Interest accrues at a floating per annum rate of interest at borrower's option of (a) 30 day LIBOR rate plus 175 basis points or (b) prime rate less 1%. Either selection shall not be less than 2.75%. National Jewish Health's borrowing interest rate was 4.15% and 4.00% on June 30, 2019 and 2018.

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

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(In thousands)

(16) Commitments and Contingencies

(a) Operating Leases

National Jewish Health leases certain facilities and equipment under operating leases. The leases expire in various years through 2027. These leases generally require National Jewish Health to pay all executory costs (property taxes, maintenance, and insurance). Future minimum rental payments as of June 30, 2019 which have initial or remaining non-cancelable lease terms equal to or greater than one year are as follows:

2020	\$	2,459
2021		2,215
2022		1,899
2023		1,358
2024		539
Thereafter		1,280
Total future minimum payments	\$	<u>9,750</u>

Rental expense for operating leases was \$2,495 and \$2,735 for the years ended June 30, 2019 and 2018, respectively.

(b) Professional Liability

Reserves for professional liability claims were \$797 and \$815 at June 30, 2019 and 2018, respectively. For claims covered by insurance, National Jewish Health recorded an additional \$553 and \$492 of professional liability reserves and an equal amount of insurance coverage receivables at June 30, 2019 and 2018, respectively.

The current portion of the above reserves, \$66 and \$65 at June 30, 2019 and 2018, respectively, is included in other accrued expenses in the accompanying consolidated statements of financial position. The provision for losses related to professional liability risks is presented net of expected insurance recoveries in the consolidated statements of activities and was \$88 and (\$33) for 2019 and 2018, respectively.

Professional liability reserve estimates represent the estimated ultimate cost of all reported and unreported losses incurred through the respective consolidated statements of financial position. The reserves for unpaid losses and loss expenses are estimated using individual case-basis valuations and actuarial analyses. Those estimates are subject to the effects of trends in loss severity and frequency. The estimates are continually reviewed and adjustments are recorded as experience develops or new information becomes known. The time period required to resolve these claims can vary depending upon whether the claim is settled or litigated. The estimation of the timing of payments beyond a year can vary significantly. Although considerable variability is inherent in professional liability reserve estimates, we believe the reserves for losses and loss expenses are adequate based on information currently known. It is reasonably possible this estimate could change materially in the near term.

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

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(In thousands)

(c) Other

National Jewish Health has certain pending litigation and claims incurred in the ordinary course of business; however, management believes, based on the advice of legal counsel, the probable resolution of such contingencies will not materially affect the financial position or operations of National Jewish Health.

National Jewish Health maintains professional and general liability coverage through a claims-made policy with COPIC Insurance. The policy's liability is \$1,000 per medical incident and \$3,000 in the aggregate, with deductibles of \$100 per medical incident/occurrence and \$300 in the aggregate. In addition, umbrella coverage is provided to National Jewish Health through a claims-made policy with COPIC Insurance. The liability limit under the umbrella policy is \$10,000 combined medical incident and in aggregate.

(d) Risks and Uncertainties

National Jewish Health invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible changes in the values of investment securities will occur in the near term and those changes could materially affect the investment amounts reported in the consolidated statements of financial position.

(17) Net Assets

(a) Net Assets With Donor Restrictions

Net assets with donor restrictions at June 30, are restricted for the following purpose or periods:

Net assets reserved for future unrestricted uses represent contributions not yet received by National Jewish Health. Endowed assets not yet appropriated for expenditure represent earnings on permanently endowed funds which have not been appropriated for expenditure by National Jewish Health in a manner consistent with the standard of prudence prescribed by State of Colorado Prudent Management of Institutional Funds Act (SPMIFA).

	<u>2019</u>	<u>2018</u>
Net assets reserved for future unrestricted uses	\$ 2,146	\$ 2,268
Subject to expenditure for specified purpose:		
Research, education, patient care and capital construction	58,994	64,917
Endowed assets not yet appropriated for expenditure	19,250	18,142
Unitrust and pooled income agreements	5,496	5,192
Beneficial interest in perpetual trust agreements	12,376	12,604
Permanent endowments	40,936	39,588
	<u>\$ 139,198</u>	<u>\$ 142,711</u>

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

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(In thousands)

National Jewish Health is an income beneficiary of several perpetual trusts controlled by unrelated third-party trustees. The trust document or the trustees' policies govern the investment and distribution of trust assets. Trust income distributed to National Jewish Health for the years ended June 30, 2019 and 2018 was \$620 and \$482, respectively.

(b) Net Assets Without Donor Restrictions

Net assets without donor restrictions at June 30 are comprised of both designated and undesignated amounts as follows:

	2019	2018
Undesignated	\$ 56,607	\$ 41,477
Designated by the board for operating reserve	18,660	17,843
Designated by the board for endowment	12,339	11,762
Net assets without donor restrictions	\$ 87,606	\$ 71,082

(c) Net Assets Released from Restrictions

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of other events specified by donors.

	2019	2018
Expiration of time restrictions	\$ 2,297	\$ 558
Subject to expenditures for specified purposes:		
Research, education, patient care and capital construction	18,529	8,170
Grants	695	10,351
Professional education	2,552	-
Distributions (proceeds are not restricted by donors)		
Beneficial interests in charitable trusts held by others	291	208
Release of appropriated endowment amounts without purpose restrictions	411	753
Release of appropriated endowment amounts with purpose restrictions	1,075	1,317
	\$ 25,850	\$ 21,357

National Jewish Health and Subsidiary

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(In thousands)

(18) Endowment

National Jewish Health's endowment consists of approximately 80 individual donor-restricted funds established as endowments and intended for a variety of purposes. The endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. As required by United States of America generally accepted accounting principles (GAAP), net assets associated with endowment funds, including board-designated endowment funds, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Directors has interpreted SPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, National Jewish Health classifies amounts in its donor-restricted endowment funds as net assets with donor restrictions because those net assets are time restricted until the board appropriates such amounts for expenditure. Most of those net assets are also subject to the purpose restrictions which must be met before classifying those net assets to net assets without donor restrictions. The Board of Directors has also interpreted SPMIFA as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by SPMIFA. National Jewish Health has interpreted SPMIFA to permit spending from underwater funds in accordance with the prudent measures required under the law. As of June 30, 2019, there were no such endowments with underwater funds. National Jewish Health considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- 1) The duration and preservation of the fund
- 2) The purpose of National Jewish Health and the donor-restricted endowment fund
- 3) General economic conditions
- 4) The possible effect of inflation and deflation
- 5) The expected total return from income and appreciation of investments
- 6) The resources of National Jewish Health
- 7) The investment policies of National Jewish Health

National Jewish Health and Subsidiary

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(In thousands)

(a) Investment Policy

National Jewish Health has adopted investment and spending policies for endowment assets which attempt to provide a predictable stream of funding to programs supported by the endowment while balancing fund growth. Under this policy, approved by the Board of Directors, the assets are invested in a manner intended to produce results which exceed Consumer Price Index plus 5% per year as measured over a rolling 36-month period. To satisfy this long-term rate of return objective, National Jewish Health relies on a total return strategy in which investment returns are achieved through both capital appreciation and current yield. National Jewish Health targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives with prudent risk constraints.

(b) Spending Policy

National Jewish Health's spending policy varies by the purpose of the endowment and was established by the Board of Directors after considering all seven factors outlined by SPMIFA above. Funds with donor specific purposes have a spending policy of between 3% and 4% of the market value of the fund averaged over the past 12 fiscal quarters preceding the fiscal year in which the distribution is made.

National Jewish Health has a policy that permits spending from underwater endowment funds depending on the degree to which the fund is underwater, unless otherwise precluded by donor stipulations or laws and regulations. No expenditures from underwater endowment funds were appropriated for during the years ended June 30, 2019 and 2018.

The composition of net assets by type of endowment at June 30, 2019 is:

	Without Donor Restriction	With Donor Restriction	Total
Donor-restricted endowment funds	\$ -	\$ 62,454	\$ 62,454
Board-designated endowment funds	12,339	-	12,339
Total funds	<u>\$ 12,339</u>	<u>\$ 62,454</u>	<u>\$ 74,793</u>

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Changes in endowment net assets for fiscal year ended June 30, 2019:

	Without Donor Restriction	With Donor Restriction	Total
Endowment net assets, beginning of year	\$ 11,762	\$ 60,038	\$ 71,800
Contributions	-	1,348	1,348
Endowment transfer	-	(1,486)	(1,486)
Investment income	268	2,406	2,674
Net assets released from restriction	-	(139)	(139)
Gain on sale of investments	251	1,292	1,543
Unrealized gain (loss) on investments	58	(1,005)	(947)
Endowment net assets, end of year	<u>\$ 12,339</u>	<u>\$ 62,454</u>	<u>\$ 74,793</u>

The composition of net assets by type of endowment fund at June 30, 2018:

	Without Donor Restriction	With Donor Restriction	Total
Donor-restricted endowment funds	\$ -	\$ 60,038	\$ 60,038
Board-designated endowment funds	11,762	-	11,762
Total funds	<u>\$ 11,762</u>	<u>\$ 60,038</u>	<u>\$ 71,800</u>

Changes in endowment net assets for fiscal year ended June 30, 2018:

	Without Donor Restriction	With Donor Restriction	Total
Endowment net assets, beginning of year	\$ 11,538	\$ 53,660	\$ 65,198
Contributions	-	4,832	4,832
Endowment transfer	(500)	(2,057)	(2,557)
Investment income	410	2,186	2,596
Net assets released from restriction	-	(141)	(141)
Gain on sale of investments	150	1,546	1,696
Unrealized gain on investments	164	12	176
Endowment net assets, end of year	<u>\$ 11,762</u>	<u>\$ 60,038</u>	<u>\$ 71,800</u>

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(19) Fair Value Disclosure

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. A hierarchy of three levels of inputs may be used to measure fair value:

Level 1: Quoted prices in active markets for identical assets or liabilities

Level 2: Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets which are not active, other inputs which are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3: Unobservable inputs which are supported by little or no market activity and are significant to the fair value of the assets or liabilities.

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

June 30, 2019 and 2018

(In thousands)

(a) Recurring Measurements

The following tables represent the fair value measurement of assets recognized in the accompanying consolidated statements of financial position measured at fair value on a recurring basis and the level within the ASC 820 fair value hierarchy in which the fair value measurements fall at June 30, 2019 and 2018:

	June 30, 2019	Fair Value	Fair Value Measurements at Reporting Date Using			
			Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Short-term investments and internally-designated assets						
Common stocks and equity funds	\$	14,090	\$	14,090	\$	-
International securities and equities		6,578		6,578		-
Fixed income securities		19,892		19,892		-
U.S. government and agency securities		628		628		-
Alternative investments (A)		3,295		-		-
Total short-term investments and internally-designated assets		44,483		41,188		-
Assets reserved for gift annuities						
Convertible securities and equities		996		996		-
International securities and equities		2,529		2,529		-
Fixed income securities		3,246		3,246		-
U.S. government and agency securities		948		948		-
Total assets reserved for gift annuities		7,719		7,719		-
Long-term investments						
Convertible securities and equities		25,916		25,916		-
International securities and equities		14,053		14,053		-
Fixed income securities		13,806		13,806		-
U.S. government and agency securities		755		755		-
Alternative investments (A)		11,104		-		-
Total long-term investments		65,634		54,530		-
Other						
Bonds and notes		121		118		3
Beneficial interest in perpetual trust		12,376		-		12,376
Total other		12,497		118		3
Total assets above		130,333	\$	103,555	\$	3
Cash and cash equivalents not included above		6,632				
Total	\$	136,965				

National Jewish Health and Subsidiary
Notes to the Consolidated Financial Statements
June 30, 2019 and 2018
(In thousands)

June 30, 2018	Fair Value	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Internally-designated assets				
Common stocks and equity funds	\$ 9,131	\$ 9,131	\$ -	\$ -
International securities and equities	10,130	10,130	-	-
Fixed income securities	15,224	15,224	-	-
U.S. government and agency securities	584	584	-	-
Alternative investments (A)	3,281	-	-	-
Total internally-designated assets	38,350	35,069	-	-
Assets reserved for gift annuities				
Convertible securities and equities	2,063	2,063	-	-
International securities and equities	2,143	2,143	-	-
Fixed income securities	3,815	3,815	-	-
U.S. government and agency securities	1,401	1,401	-	-
Total assets reserved for gift annuities	9,422	9,422	-	-
Long-term investments				
Convertible securities and equities	28,174	28,174	-	-
International securities and equities	9,838	9,838	-	-
Fixed income securities	14,105	14,105	-	-
U.S. government and agency securities	285	285	-	-
Alternative investments (A)	11,208	-	-	-
Total long-term investments	63,610	52,402	-	-
Other				
Bonds and notes	135	132	3	-
Beneficial interest in perpetual trust	12,604	-	-	12,604
Total other	12,739	132	3	12,604
Total assets above	124,121	\$ 97,025	\$ 3	\$ 12,604
Cash and cash equivalents not included above	8,838			
Total	\$ 132,959			

(A) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts included above are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the consolidated statements of financial position.

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

June 30, 2019 and 2018

(In thousands)

Following is a description of the valuation methodologies and inputs used for assets and liabilities measured at fair value on a recurring basis and recognized in the accompanying consolidated statements of financial position, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended June 30, 2019.

(b) Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases, where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

(c) Beneficial Interest in Perpetual Trust

Fair value is estimated at the present value of the trust assets using quoted market prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters. Due to the trusts being held into perpetuity, National Jewish Health will not have the ability to redeem the corpus, and therefore it is classified within Level 3 of the hierarchy.

(d) Alternative Investments

Except as described below, the fair value of alternative investments has been estimated using the net asset value per share of the investments. Alternative investments held at June 30 consist of the following:

June 30, 2019			
	<u>Fair Value</u>	<u>Unfunded</u>	<u>Redemption Frequency</u>
Funds of Funds	\$ 14,399	\$ 6,262	Quarterly or Fund Termination
			60 Days or Fund Termination
June 30, 2018			
	<u>Fair Value</u>	<u>Unfunded</u>	<u>Redemption Frequency</u>
Funds of Funds	\$ 14,489	\$ 4,404	Quarterly or Fund Termination
			60 Days or Fund Termination

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

June 30, 2019 and 2018

(In thousands)

This category includes investments in funds of funds that pursue multiple strategies to diversify risks and reduce volatility. The funds' composite portfolio includes investments in U.S. common stocks, global real estate projects, private equity, pooled income vehicles and arbitrage investments. However, as of June 30, 2019, it is probable all investments in this category will be sold at an amount different from the net asset value of National Jewish Health's ownership interest in partners' capital. Therefore, the fair values of the investments in this category have been estimated using recent observable transaction information for similar investments. Investments with quarterly redemptions require lock-up periods of one year which has expired on the funds currently held. Of the remaining funds, they cannot be liquidated prior to the termination of the fund without the approval of the General Manager of the fund. Investment in the funds is intended to be long-term.

(e) Level 3 Reconciliation

The following is a reconciliation and ending balances of recurring fair value measurements recognized in the accompanying consolidated statements of financial position using significant unobservable (Level 3) inputs:

	Beneficial Interest in Perpetual Trust
Balance, July 1, 2017	\$ 12,300
Unrealized appreciation on investments in net assets	304
Balance, June 30, 2018	12,604
Unrealized depreciation on investments in net assets	(228)
Balance, June 30, 2019	\$ 12,376

(f) Unobservable (Level 3) Inputs

The following tables present quantitative information about unobservable inputs used in recurring Level 3 fair value measurements.

Description	Fair Value June 30, 2019	Valuation Technique	Unobservable Inputs	Range Weighted Average
Beneficial Interest in Perpetual Trusts	\$ 12,376	Fair value of trust assets	Lack of redeemability	Not Applicable

National Jewish Health and Subsidiary
Notes to the Consolidated Financial Statements
June 30, 2019 and 2018
(In thousands)

Description	Fair Value June 30, 2018	Valuation Technique	Unobservable Inputs	Range Weighted Average
Beneficial Interest in Perpetual Trusts	\$ 12,604	Fair value of trust assets	Lack of redeemability	Not Applicable

(g) Nonrecurring Measurements

The following tables present the fair value measurement of assets and liabilities measured at fair value on a nonrecurring basis and the level within the fair value hierarchy in which the fair value measurements fall at June 30, 2019 and 2018:

Description	June 30, 2019	2019		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Receivables related to:				
Charitable Remainder Unitrust	\$ 80	\$ -	\$ 80	\$ -
Gift Annuities	411	-	411	-
Total	\$ 491	\$ -	\$ 491	\$ -

Description	June 30, 2018	2018		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Receivables related to:				
Charitable Remainder Unitrust	\$ 67	\$ -	\$ 67	\$ -
Gift Annuities	346	-	346	-
Total	\$ 413	\$ -	\$ 413	\$ -

National Jewish Health and Subsidiary

Notes to the Consolidated Financial Statements

June 30, 2019 and 2018

(In thousands)

(20) Employee Benefit Plans

National Jewish Health maintains a defined contribution plan (the Plan) covering substantially all benefit eligible employees. Under the terms of the Plan, National Jewish Health contributes between 5% and 6% of an employee's covered wages up to the Social Security wage base and between 10% and 11% of covered wages in excess of the Social Security wage base. The Plan contains no provisions requiring National Jewish Health to match a portion of employee contributions. Expenses under the Plan for 2019 and 2018 approximated \$6,260 and \$5,920, respectively.

(21) Related-party Transactions

National Jewish Health from time-to-time in the normal course of business and within the guidelines of its conflict of interest policy, has entered into transactions with companies for which certain members of the companies' management also serve on the board of National Jewish Health. Management believes prices paid by National Jewish Health have been equal to or less than the prices that would have been paid in transactions with parties not related to National Jewish Health.

National Jewish Health

List of Officers and Directors

March 2020

Name	Title
Michael Salem, M.D.	President and CEO
Steven Kris	Chair, Board of Directors
Robin Chotin	Vice Chair & Secretary, Board of Directors
Evan Zucker	Vice Chair, Board of Directors
Don Silversmith	Vice Chair, Board of Directors
Larry Silverstein	Treasurer, Board of Directors
Stephen and Wendy Siegel	Co-Chairs, Council of National Trustees
Christine Forkner	Assistant Treasurer, Board of Directors, EVP Corporate Affairs/CFO

Jenna Sandomire

Proven Sales Professional • Motivated, Dynamic, Creative Leader
Experienced B2B Account Manager • Skilled Communicator

Profile

- Solid experience in client-focused, service-oriented industries with a successful background in defining, developing, and executing strategies to turn profit
- Dynamic sales skills; successful in targeting, penetrating, and developing markets
- Ability to rapidly acquire and apply vast product and technical knowledge

Experience

National Jewish Health, Denver, CO

ACCOUNT MANAGER — February 2020–Present

- Develops and executes business retention and growth strategies consistent with the business plan for current and new accounts. Serves as the lead point of contact for accounts.
- Builds and maintains strong, long-lasting customer relationships. Serves as a trusted advisor ensuring timely and successful delivery of solutions according to client needs and objectives.
- Oversees a portfolio of assigned clients and strategically partners with them to understand their objectives and facilitate achievement toward those goals.
- Proactively manages client performance guarantees and ensures contractual obligations are fulfilled. Identifies client issues and engages appropriate stakeholders in problem resolution.
- Tracks, monitors, and reports on performance indicators such as product usage, contract deliverables, and revenue metrics.
- Prepares and performs proactive communications to clients, stakeholders, and/or other associated groups.
- Coordinates contract initiation and intersects with appropriate staff to determine pricing and other contract requirements. Supports the negotiation of agreements and closing of contracts. Responsible for understanding and guiding contract deliverables and supporting budgets.

Mobile Solutions Inc.

SENIOR NATIONAL ACCOUNT MANAGER — September 2015–February 2020

- Total renewal ARR in 2018 equaled over \$1 million
- President's club recipient two years in a row
- Proven mobility expert in reducing company's mobility spend while improving and automating processes
- Assisted clients in managing mobile devices by operating as the lead point of contact for all matters specific to the client
- Provided and maintained quoted savings and expertise
- Developed and maintained existing and new relationships by becoming a trusted advisor for enterprise clients nationwide
- Managed and solved conflicts
- Directed contact on behalf of clients with major National and International mobile service provider companies
- Met specific time deadlines for clients
- Forecasted and tracked key account metrics

- Presented and explained data to clients

Istonish, Greenwood Village, CO

BUSINESS DEVELOPMENT MANAGER — December 2013–November 2014

- Understood needs and wants of potential customers for managed services, staffing, and other technology
- Managed base of customers to discuss contracts, new needs, and statements of work
- Collaborated with engineers and co-workers to identify best solutions for clients
- Built profitable sales for Istonish through maintaining contracts and new prospects

Integra Telecom, Denver, CO

ENTERPRISE ACCOUNT EXECUTIVE — February 2010–November 2013

- Understood the wants and needs of customers
- Provided solutions to meet/exceed customer expectations, managed resources and inspired collaboration, developed and sustained strong mutually beneficial relationships, built trust with the client, gained access to different functional areas and decision makers, established and facilitated expectations, uncovered and positioned solutions that helped clients reach their objectives, built profitable sales for Integra.
- 167% to quota, 2013
- 92% to quota, 2012
- Was promoted two times in one year
- Was responsible for the origination of new business customers and expanding telecommunications product mix with existing customers
- Solicited business customers through various external contacts
- Developed territory or business base to maximize new customers
- Maintained positive client relations with existing customers through continuous contact and evaluated on-going telecommunications needs.
- Participated in Convergence Technology Training to advance career in January 2012

American Marketing & Publishing, Dubuque, IA

EXPANSION ACCOUNT MANAGER — July 2009–October 2009

- Demonstrated good judgment and consistent professionalism while working with all members of the business community in the town that publications were printed
- Demonstrated self-motivation and an ability to work independently
- Remained highly organized and demonstrated excellent follow-up skills
- Proven ability to close sales and have enthusiasm for in person, business to business cold calling

US Bank, Dubuque, IA

TELLER COORDINATOR — July 2008–July 2009

- Assisted in the administration/supervision of the teller area, as delegated by a supervisor or manager
- Ensured cash levels were maintained at optimal levels, maintained security and compliance procedures
- Proven ability to handle more complex customer issues
- Prepared work schedules, provided input to performance reviews; participated in new teller training or mentoring; provided ongoing training and support to other tellers; and performed teller duties

Hibbett Sports, Dubuque, IA

GENERAL MANAGER — May 2006–July 2008

- In recognition of superior management skills, transferred from Hays, KS store to facilitate turnaround of Dubuque location with accountability for full scope of operational efficiency and profitability; achieved 17% profit increase
- Proactively recruited, hired, trained, scheduled, supervised, evaluated, and directed top-performing team of supervisors and sales/customer service staff
- Ensured ongoing compliance with company policies, procedures, and standards
- Qualified for progression to District Manager and earned MVP designation by successfully completing intensive company management training program

Education

Fort Hays State University – Hays, KS
Business and Psychology Studies

Certifications

Convergence Networking Applications Specialist – May 2012
Convergence Applications Sales Specialist – April 2012

Karen M. Logan

SKILL SUMMARY

- More than 15 years of experience including forecasting and scheduling, research and analysis, customer service, project coordination, human resources, and benefits
- Certified in Microsoft Word, Excel, and PowerPoint
- Trained in NICE IEX WFM, Witness (Blue Pumpkin), Avaya CMS

PROFESSIONAL EXPERIENCE

National Jewish Health, Denver, CO

Implementation Manager

December 2019 – Present

- Oversee the implementation of new services and improvements to existing services
- Leverage project management techniques and lead project teams
- Manage the deployment of new operational systems and software applications
- Manage operational processes to support client onboarding and ongoing service delivery
- Oversee technology requests and integration of technology into operational systems

Workforce Manager

February 2016 – December 2019

- Lead workforce strategic planning efforts and make recommendations of workforce efficiencies and operational improvements to senior management
- Analyze and interpret past and current call volume data to determine staffing needs, create accurate agent schedules to optimize efficiency, and ensure service metrics are met
- Forecast and account for growth due to seasonal variations, special events, marketing campaigns, and other cyclical patterns
- Work with senior management to accurately forecast call volumes, analyze historical call volume, create staffing models, project budgetary expenses, determine future costing, and assist with staffing projections

Workforce Management Analyst

March 2012 – February 2016

- Scheduled call center staff, adjusted schedules and skill assignments to meet service metrics and optimize efficiency
- Tracked real-time and historical monitoring of call volume activity
- Performed short-term and long-term call volume forecasting and determined appropriate staffing levels
- Tracked and reported individual and supervisory level performance metrics

Great-West Retirement, Greenwood Village, CO

Workforce Management

January 2010 – March 2012

- Created long-term call volume forecasts and made recommendations to call center management regarding FTE and staffing budget
- Created weekly call volume forecasts and schedules for a 200-seat multi-skill, multi-site call center
- Conducted detailed research and created business analysis of proposed changes to roles, staffing, and Work Force Operations
- Conducted workforce software training for new hires and ongoing education for supervisors and representatives

Cigna West, Greenwood Village, CO

Planning Resource Senior Associate

July 2008 – January 2010

- Monitored real-time call activity and made adjustments to schedules, staff, and skilling throughout the day
- Developed forecasts and weekly schedules for multiple teams that ensured appropriate staffing for expected call volumes
- Developed representative and supervisor level reporting to aid in the coaching and development of the call center staff
- Prepared daily, weekly, and monthly performance analysis reports for the leadership team
- Coordinated with supervisors and director to schedule training and meetings

Great-West Healthcare, Greenwood Village, CO

Workforce Management Specialist

July 2005 – June 2008

- Monitored real-time call activity and made adjustments to schedules and staff throughout the day
- Developed forecasts and weekly schedules for multiple teams that ensured appropriate staffing for expected call volumes
- Prepared daily, weekly, and monthly performance analysis reports for the leadership team
- Tracked and reported adherence, aux time, teamwork/self-management, and quality results for each rep in the Denver call center weekly

LeChelle Schilz

SUMMARY OF QUALIFICATIONS

Extensive product knowledge coupled with creative ideas for product applications and a solid history of call center success. Strong analytical and planning skills combined with the ability to coordinate the efforts of many to meet organizational goals. Productive and efficient work habits without supervision. Self-motivated with high energy.

EXPERIENCE

02/2015 – current

National Jewish Health

Denver, CO

Operations Supervisor

10/2014 – 01/2015

Real-Time Analyst

- Maintains daily administration and operations related to the auto dialer, including, but not limited to designing and administering call campaigns, communicating strategies with management and staff, monitoring real-time performance of agents and campaigns, and quickly resolving issues
- Manages daily operations for call center operations by real-time monitoring of agents through technology (IEX, Avaya CMS, POM)
- Manages service levels, staffing, appointment process, reports, telecom, and IST support

07/2011 – 10/2014

National Jewish Health

Denver, CO

Health Initiatives Supervisor

- Supervised and coordinated the daily operations for the counseling staff within the Quitline department
- Managed service levels, staffing, appointment process, reports, client and patient complaints, employee performance, personnel issues, and training for the department
- Created a culture of compliance, ethics, and integrity
- Maintained knowledge of and assures departmental compliance with quality and call standards
- STAR recipient

10/2010 – 03/2011

Norgren

Littleton, CO

Customer Service Manager

- Successfully relocated call center operations from Mexico to United States
- Responsible for recruitment of new staff to include in new hire training
- Implemented new technology across multiple customer service centers
- Managed B2B customer relations of multimillion-dollar clients
- Call center operations including staffing, IVR, and inbound/outbound operations

06/1997 – 07/2010

Comcast

Denver, CO

Customer Care Supervisor/ Retention Supervisor

- Successfully managed up to 25 Customer Care Agents through coaching and development
- Developed a fun competitive environment through incentives to increase company revenue and exceed targets
- Report analyst
- Managed call center operations on multiple platforms including CMS, RTA, Auto-Dialer (Sales and Collections), IVR, Nice / Witness, and Bullseye Training Software
- Implemented process improvements for local and national level
- Assisted the Learning and Development Department
 - Competitive Edge and Retention Training
 - Rate Adjustment Training
 - Technical Refresher Training
 - Responsible for reporting the markets Retention performance
 - 2005 Top Retention Team
- Created monthly incentives for the Department to achieve Retention Goals
- Built the necessary skills and promoted employees to Sales and Retention
- Recognized as Top Supervisor and Top Team on several occasions during my tenure
- MIDAS winner for Comcast Ambassador

EDUCATION

2015- current	Metropolitan State University	Denver, CO
Pursing Bachelor Degree in Nursing	Community College of Denver	Denver, CO
2014- 2014	Community College of Aurora	Aurora, CO
Pursing Bachelor Degree in Nursing		

Cara Messick, M.S., ABEA

PROFESSIONAL SUMMARY

Adaptable Senior-level Manager and Instructional Specialist partnering with cross-functional departments to develop instructional plans and change management strategies. Effective gap-analysis of process and systems, creating and delivering just-in-time training strategically aligned with business goals, saving \$14M in expenses.

- Facilitates team members' brainstorming to implement viable and long-lasting solutions
- Quickly synthesizes technical and policy information to develop and simplify processes
- Applies service-oriented creative solutions
- Drives teams to successful completion of goals and benchmarks
- Presents strong written and verbal communication skills
- Adapts training to culturally and economically diverse populations and delivery settings
- Delivers computer applications across positions and skills sets

TECHNOLOGIES

MS Office, Word, PowerPoint, Visio, OCR, Adobe Photoshop, Captivate, Articulate, PowToon, VideoScribe, HTML, Excel, Access

CAREER EXPERIENCE

Coordinator, Training and Staff Development, National Jewish Health: 2009 to Present

Authored nationally accredited curriculum for Tobacco Treatment Specialist (TTS)

- Developed 29-hour curriculum in accordance with Tobacco Treatment Specialist (TTS) accreditation standards
- Created blended learning delivery methodology for TTS content and incorporated TTS materials into new hire curriculum

Created quality assurance program

- Developed Access database to record and report on call handling quality data
- Scored quality assurance records for agents as part of the evaluation team

Produced curriculum and reference material for 150+ clients

- Created and maintained an online reference manual containing procedures, system manuals, and policies for Quitline and Weight Management teams
- Coordinated policy updates with call center operations team
- Trained staff on system navigation, client procedures and guidelines, nicotine dependence, and motivational interviewing
- Created curriculum dbase to communicate details of available content with staff

Partnered with cross-functional departments in agile development of case management system

- Documented business process requirements and process maps
- Developed articulate storyboards and prototypes
- Participated in IT sprint planning to strengthen departmental communications
- Validated protocols and system efficacy via User Acceptance Testing
- Wrote procedural and system manuals

Implemented continuing education program for 100+ staff

- Designed continuing education framework

- Designed custom-eLearning courses tailored to learner needs using reality-based scenarios and simulations
- Established web-based reference manual to accommodate growing client base, reduce waste stagnancy and discrepancy due to hard-copy reference
- Leveraged curriculum dbase to communicate available training resources to staff

Manager, Fraud Control (2005-2008) / Supervisor (2001 – 2005), Verizon Communications: 2001 to 2008

Opened two new call centers / launched & terminated multiple functional groups and systems

- Acted as liaison to systems support for new system development, releases, and system enhancement
- Created annual review guidelines and assessment template
- Oversaw 800 routing, system access, system release UAT
- Established tier system delivering \$1.5K in incentives to reward and acknowledge employees
- Forecasted staffing needs and created work groups: set goals for number and length of calls
- Determined hours of operation, staffing break schedules, and prioritized assignments staff
- Hired, trained, and evaluated staff

Analyzed procedural gaps for efficiency

- 78% reduction in cases verified as identity theft (annual quarterly comparison)
- 25% increase in system cases worked year over year
- 66% reduction in fraud-credit adjustments year over year

Short- & long-term management of large groups

- Responsible for up to 35 staff including Supervisors & Staff
- Supervised delivery for ~13 annual three-week classes for up to 12 students

AWARDS

Verizon Services Performance Excellence Award

“Best-in-class” fraud monitoring system completed in <6 months, resulting in \$14M expense reduction in the 2007 budget cycle, integrated 16 systems, significant improvement to customer experience, reduced work hours of 120 workers.

MCI Business Operations Shining Star Award

The transition team used only 4 days to obtain access for the additional 7 legacy systems, integrate operational processes, and train staff: effectively covering both (MCI and Worldcom) networks with no incremental headcount.

EDUCATION

Adult Basic Education Authorization - Denver, CO - License #27393

M.S. Psychology - Western Washington University - Bellingham, WA

B.A. Psychology - University of Puget Sound - Tacoma, WA

Zohar Gilboa

EDUCATION

2004 – 2008 B.Sc. Physics and Mathematics, Tel Aviv University

PROFESSIONAL EXPERIENCE

2017–Present *National Jewish Health, Denver, Colorado*

2019–Present Technical Project Manager

- Project Management – Oversee project scope, deliverables, and timelines. Maintain master schedule of all projects and activities
- eReferrals – Oversee eReferral project management, process development and system evolution. Develop relationships with internal and external stakeholders to deliver maximum system value
- Salesforce – Design and develop Salesforce configuration and implementation in collaboration with business users and consultants
- Surveys and outcomes – Create and code surveys for staff, clients, and participants. Analyze surveys and recommend actions and changes
- CMS Administration – Oversee administrative changes to program websites, email and text programs, and service offerings in the case management system

2017-2019 Data Analyst

- Reporting – Plan, implement, and report health-related data analysis using Tableau, Excel VBA, and SQL
- Systematic Review – Design and perform systematic reviews of programs and processes
- Clinical Research Support – Support development of clinical leadership
- Salesforce – Design, develop, manage, and train on the departmental Salesforce implementation
- System Integration – Communicate with clients and developers to manage eReferral integration
- Technical Design – Design and document technical requests to the development team
- Financial Leadership – Train on and review billing activities in the department. Conduct cost estimates and return-on-investment analysis for new projects and ongoing activities.

2015-2017 *Family Health Centers at NYU Langone, Brooklyn, New York*

Senior Data Analyst

- Design and manage data systems – Identified programs' needs, found and implemented data solutions based on Excel, web-based performance management software (e.g. Efforts to Outcomes, COPA), and funder-mandated systems
- Statistical Analysis – Provided over 20 programs with customized analyses of their data including data cleanup activities, outcomes analysis, and staff-work reporting
- Write Reports – Designed and implemented regular monthly reports as well as ad-hoc and yearly reports for the organization's management, funders, program administrators, and staff
- Support Data Systemization – Accompanied programs as they formalized their workflows, documented processes, transitioned to more advanced and customized data solutions, and trained staff in use of new systems
- Manage Team – Supported and managed a junior data analyst and two data-entry personnel

2011-2014 *Amdocs, Tel Aviv, Israel*

2013-2014 Solution Architect

- Identify Customers' Needs – Defined customers' challenges, based on meetings and project scope
- Design Solutions – Wrote high- and low-level designs for customers' requirements
- Lead Testing – Directed internal testing team for new developments
- Train Customers – Instructed customers on new systems (e.g. T-Mobile and others)

2011-2012 Measurements Analyst

- Manage Clients – Provided business partners with continuous and post-release analysis of projects (e.g. AT&T and others)
- Implement Projects – Designed and tested aspects of new software releases
- Team Training – Wrote and conducted team training courses for new software versions

2008-2011 *Totem Plus, Tel Aviv, Israel*

Automation Expert and Developer

- Software Development – Developed integrated monitoring and control systems for marine vessels
- International Collaboration – Customized company's flagship product and worked with clients on-site
- Quality Assurance – Conducted quality assurance tests and wrote product manual

2001-2004 *Israeli Defense Force*

Noncommissioned Officer in 8200 Intelligence Unit

- Served as airborne electronic-intelligence analyst
- Developed and commanded a technical course and wrote specification documents for future systems

PROFICIENCIES

Languages:

Hebrew – Native
English – Fluent (speaking, reading, writing)
French – Intermediate (speaking, reading)
Japanese – Intermediate (speaking, reading)

Computer skills:

MS Office (including VBA), Windows environment, Delphi, IBM Cognos, SAP Web Intelligence, Tableau, SQL, familiar with C

Volunteer work:

2014-2016

After-school children's instructor, Brooklyn Game Lab
Promoting critical thinking and social skills through play

2009-2014

Group Leader, Israeli Gay Youth Organization
Social empowerment and social aid for young LGBTQ adults

Lorenia Rovero

KEY QUALIFICATIONS

- Commitment to building relationships within departments and with clients.
- Strong interpersonal and intrapersonal skills.
- Strong attention to detail.

PROFESSIONAL EXPERIENCE

National Jewish Health

Denver, Colorado

Business Operations Coordinator

October 2018 – Present

- Prepares monthly client billing.
- Completes vendor invoices in a timely manner.
- Works closely with project manager to ensure completion of projects.
- Serves as back up contact for Client Managers.
- Runs and organizes monthly client reports.
- Maintains inventory of office supplies and places orders as needed.

National Jewish Health

Denver, Colorado

Health and Wellness Coach

October 2016 – October 2018

- Developed flexible and personalized tobacco cessation plans for 3,634 participants.
- Achieved a conversion rate of 93.21%.
- Coordinated individualized support to a wide demographic.
- Displayed autonomy and support for personal choices.
- Cultivated positive work culture through the planning of office and team building events.
- Engaged in collaborative coaching on healthy living and chronic disease prevention.
- Contributed to the motivation of over 30 participants per day.
- Trained participants in successful planning for physiological and habitual change.
- Ensured that quality of coaching surpassed standards in accuracy and completeness.

EDUCATION

University of Denver

Denver, Colorado

Bachelor of Arts in Communication and Business, GPA 4.0

June 2016

Honors:

A Hornbeck Scholar—given exclusively to full-time students who maintain a 4.0 GPA.
Member of the Student Advisory Board as Junior Class representative.

Meg Ornellas

Education

September 2005 – June 2010

University of California, Santa Cruz

Bachelor of Arts in Psychology

Activities: University of California, Santa Cruz Cycling Team

Experience

National Jewish Health – Health Initiatives Department

November 2019 – Present

Business Coordinator

Support the Health Initiatives contract review and approval process, understand contract terms and conditions, update contract tracker for timeliness and prioritization of tasks, ensure all contract documents are organized and filed in the appropriate location, request drafts of standard proposal documents such as BAAs and VSAs, provide project support for the Request for Proposal (RFP) process, support QuitLogix® clients, provide administrative support to Sales and Account Management Team, as well as the Health Initiatives Team at large, communicate effectively, and establish rapport with multiple departments and the clients we serve.

National Jewish Health – Health Initiatives Department

October 2016 – November 2019

Tobacco Cessation Coach

Provide telephonic tobacco and nicotine cessation coaching services to participants in the Quitline program, create personalized and effective quit plans to help participants become tobacco and nicotine-free, address and resolve participant concerns and inquiries; utilize eCoaching and our online Live Chat system to assist participants, participate in additional Coach trainings (such as the Youth Coach Specialist program), communicate with all Health Initiatives team members to provide excellent service to our participants and clients, provide input and perspective for client inquiries when requested by a manager.

Volunteer Work

February 2016 – February 2018

Saint Joseph Hospital Denver – Emergency Department

Emergency Department Ambassador

Four hours completed weekly, two-year required commitment

Promoted from ER Volunteer to ER Volunteer Ambassador with additional responsibilities and additional patient interaction

2016 Saint Joseph Hospital Volunteer of the Year Nominee

Bobbi Sue Raber Dessoulavy

WORK EXPERIENCE

May 2019 – Current

National Jewish Health

Denver, CO

Manager – HI Clinical Programs

- *Responsibilities* – Responsible for executing the design and evaluation of clinical programs and services, training, and quality improvement activities for Health Initiatives in collaboration with the Clinical Director. Develops, executes, manages and evaluates the systems that support clinical operations, policies, procedures, protocols, training and stakeholder communication to ensure programs match clinical, compliance, regulatory and operational standards.
- *Duties* – Manages and executes the operational design and development of clinical programs and services for Health Initiatives with the Clinical Director. Partners with the Clinical Director to coordinate activities across multiple teams to collect, analyze and report evaluation program data, and recommend program improvement opportunities. Develops and manages quality assurance (QA) processes and procedures as well as methods to audit and report on agent performance, products and services to ensure adherence to client and clinical guidelines. Manages, monitors, and leads teams for program content development and review including QuitLogix® websites, print and/or electronically distributed participant education materials. Oversees quality moderation of website forums. Oversees the development and execution of new hire training and Continuing Education (CE) for Agents. Collaborates with the Clinical Director on training design to ensure activities represent clinical best practices and principles in adult education. Responsible for tracking, analyzing and reporting on CE program effectiveness. Evaluates, organizes and defines quality systems, policies, standards and procedures. Develops and executes plans to ensure customer, departmental and institutional quality requirements are met. Partners with Health Initiatives staff and other stakeholders to ensure compliance with Institutional regulatory requirements for PHI/HIPAA. Ensures prompt communication to key stakeholders regarding policy, procedure and client changes.

January 2016 – May 2019

National Jewish Health

Denver, CO

Quality Supervisor QuitLogix® Programs Health Initiatives

- *Responsibilities* – Responsible for the planning and administration of the quality and training improvement activities for Health Initiatives. The Quality Supervisor will develop, implement and manage systems, policy, procedures, protocols, and training designed to ensure that the delivery of coaching matches clinical, compliance, and regulatory standards.
- *Duties* – Supervise the QA initiatives for omni-channel contact center for content of intake and coaching delivered. Supervise content review and development for QuitLogix® and state materials. Supervise the state websites. Drive continuous improvement by maintaining QA standards. Evaluate, organize, and define the Health Initiatives quality systems, policies, standards, and procedures. Partner with stakeholders to determine change initiatives and develop supporting QA processes and initiatives. Supervise, track, analyze, and report on development implementation, evaluation, and ongoing refinement of the training program to establish quality baseline and drive improvements in participant intake and coaching. Coordinate and schedule new hire and continuing education training activities in collaboration with the Operations team and collaborate with the Training Coordinator to deliver training, schedule additional trainers, or deliver training.

May 2010 – January 2016
Health & Wellness Supervisor

National Jewish Health

Denver, CO

- **Responsibilities** – Determine staff qualifications and competency, provide effective communication, leadership, guidance, and resources, evaluate staff performance, conduct routine call monitoring, assist and support the implementation of workflow processes, team schedule adherence, and compliance with department performance standards.
- **Duties** – Monitor day-to-day quality and production goals, address escalated calls, assist in managing the workload, evaluate staff performance regularly, support benchmarks indicated in client contracts.

July 2008 – December 2009
RMA Program Specialist

PAREXEL International

Centreville, VA

- **Responsibilities** – Maintain programs to the highest of quality and compliance with program objectives, monitor daily activity of analysts, communicate with client, provide direct feedback to management regarding program activity, work with management with reporting on daily program activity.
- **Duties** – Run and maintain weekly and daily reports for multiple programs, work with IT to update program changes in database, work with management and IT to develop new program reporting, supervise mass mailing requests for quality assurance and fulfillment within the specified time frames, assist program analysts, update program analysts to program process and requirements, perform Quality Assurance checks, submit daily reports to management regarding program activities.

September 2004 – July 2008

PAREXEL International

Centreville, VA

RMA Reimbursement Analyst for Patient Assistance Program

- **Responsibilities** – Worked, maintained daily, and understood medical/drug program. Maintained the highest level of compliance for specific program. Created and maintained required reports for both PAREXEL International and the specific medical/drug company. Provided positive customer service.
- **Duties** – Phone response to potential candidates for the program. Shipment of correspondence. Compliance with HIPAA guidelines. Created/maintained computer generated reports. Completed close out work when program ended.

EDUCATION

1994 – 2002

Colorado State University

Fort Collins, CO

Bachelor of fine Arts (including Pottery Studio Arts) – studied Pottery under Richard Devore, a world-renowned potter.

CONTRACTOR NAME – National Jewish Health

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
QL Coach	QL Coach	\$40,100	100%	\$40,100
QL Coach	QL Coach	\$40,100	100%	\$40,100
QL Coach	QL Coach	\$40,100	12.5%	\$5,012
QL Supervisor	QL Staff	\$54,000	20%	\$10,800
Jenna Sandomire	Account Manager	\$72,000	8%	\$5,760
Karen Logan	Implementation Manager	\$74,089	3%	\$2,223
LeChelle Schiltz	Operations Supervisor	\$60,519	3%	\$1,816
Cara Messick	QL Trainer	\$62,954	3%	\$1,889
Zohar Gilboa	Technical Project Manager	\$73,072	4%	\$2,923
Lorena Rovero	Business Operations Coordinator	\$45,788	4%	\$1,832
Megan Ornella	Business Coordinator	\$45,760	4%	\$1,830
Bobbi Raber-Dessoulavy	Manager, Clinical Programs	\$70,801	3%	\$2,124