University Medical Center of Southern Nevada
Governing Board Audit and Finance Committee Meeting
May 20, 2015

UMC Conference Room I/J
Trauma Building, 5th Floor
800 Rose Street
Las Vegas, Clark County, Nevada
Wednesday, May 20, 2015
3:30 p.m.

The University Medical Center Governing Board Audit and Finance Committee met in Conference Room I/J, UMC Trauma Building, 5th Floor, Las Vegas, Clark County, Nevada, on Wednesday, May 20, 2015, at the hour of 3:30 p.m. The meeting was called to order at the hour of 3:35 p.m. by Committee Chair Eileen Raney and the following members were present, which constituted a quorum of the members thereof.

CALL TO ORDER

Board Members:

Present:
Eileen Raney, Chair
Robyn Caspersen (non-voting member)
Jeff Ellis
Donald Mackay

Absent:
Harry Hagerty (arrived 3:37 p.m.)
Michael Saltman

Others Present:
Stephanie Merrill, Chief Financial Officer
Mason VanHouweling, Chief Executive Officer
Cindy Dwyer, Board Secretary

SECTION 1. OPENING CEREMONIES

ITEM NO. 1 PUBLIC COMMENT

Chair Raney asked if there were any persons present in the audience wishing to be heard on any item on this agenda.

Speaker(s): None

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Audit and Finance Committee meeting on April 15, 2015. *(For possible action)*

FINAL ACTION: A motion was made by Don Mackay that the minutes be approved as recommended. Motion carried by unanimous vote.

ITEM NO. 3 Approval of Agenda *(For possible action)*

Chair Raney read into the record a clarification of Item No. 4 to delete "and authorize the Chief Executive Officer to sign agreement" from the recommendation.

John Liston, Director of Materials Management, read into the record a change on the background information on Item No. 14. The Memorandum of Understanding will not auto renew, and the Agreement will reflect that change before going before the Governing Board for approval.

Items No. 9 and No.12 were tabled.

FINAL ACTION: A motion was made by Don Mackay that the agenda be approved as recommended. Motion carried by unanimous vote.

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Review and recommend for approval by the Governing Board and Board of Trustees the proposed increase to the room/bed rates and other service charges of University Medical Center of Southern Nevada: and authorize the Chief Executive Officer to sign the agreement. *(For possible action)*

DISCUSSION: Last year there were two 15% increases to UMC's Charge Master, in July 2014 and January 2015. Staff is recommending another 3% increase, based on CPI. Staff noted that when the January 2015 increase is realized for the first quarter of calendar year 2015, UMC should be mid-range, compared with competitors. Based on work currently being done by the consultant, staff anticipates there will be a request for more targeted increases later in the summer. The Chair noted that the impact on revenue affected by the Charge Master is very minimal.

FINAL ACTION: A motion was made by Jeff Ellis to approve and make a recommendation that the Governing Board and Board of Trustees approve the rate increase. Motion carried by unanimous vote.

ITEM NO. 5 Receive an update on Electronic Health Record (EHR) optimization; and direct staff accordingly. *(For possible action)*

DOCUMENTS SUBMITTED: PowerPoint "Update of Electronic Health Record Optimization"

DISCUSSION: CIO Ernie McKinley provided an update on the optimization of the EHR. The IHS engagement completes the scope of work next week. Mr. McKinley noted that on their initial assessment, IHS identified 222 items to be fixed, and they were engaged to complete 60 of those items with the highest risk and most cost benefit. In-house IT staff continues to work on the list as well, with approximately 35-40 items remaining on the list, though it is felt that many of the remaining items are too large to spend time and money on when we're going to

transition to a new system. Mr. McKinley reported that the system is about 80% built, the system is working fairly well, and many of the work-arounds have been eliminated for proper utilization. Improvements in access have increased user satisfaction, though utilization is still not 100%.

There was a brief discussion on the financial analytics system. Mr. McKinley reported that the system is built, but still requires the FY 2015 costs to be calculated and added. Finance anticipates the estimates will be done in June/July. We have contracted to get an add-on piece that will make accessing and reporting the data easier.

Chair Raney requested that Mr. McKinley provide a quantitative report at the next meeting to show the affect of optimization on utilization of the system. The Chair further noted that it would be helpful to know what percentage of the hospital, both clinical and financial, is automated in McKesson and what percentage of users are actually utilizing the system.

ACTION TAKEN: No action taken.

ITEM NO. 6 Receive an update on replacement of Electronic Health Record (EHR) clinicals product, including a search for a consultant to assist in that process; and direct staff accordingly. *(For possible action)*

DOCUMENTS SUBMITTED: PowerPoint "Update on Replacement of Electronic Health Record and Search for a Consultant"

DISCUSSION: Mr. McKinley reported that staff prepared a project summary for the EHR replacement, as well as a statement of work for a consultant to serve as a senior advisor on the project. The engagement of a consultant is considered critical to success of the project. Four potential vendors were invited to submit proposals, three of which responded. Mr. McKinley reported that all three proposals were from experienced consultants with good references, and were capable of doing the job. It was his recommendation that staff pursue an engagement with the vendor with the lowest price.

It was the consensus of the Committee that, although typically staff vets proposals and then makes recommendations to the Committee and Board for approval, because of the magnitude and expense of the overall project, and the importance of the role of the consultant, the Committee would like the opportunity to review the proposals and have more involvement in the process of selecting a consultant. Staff was given direction to provide copies of the proposals to the Committee members and call a special meeting of the Committee to discuss and recommend a vendor for approval by the Governing Board.

Chair Raney disclosed that the principle of one of the vendors, Brian Rosenberg, is someone she recently met at a seminar and subsequently introduced to the CEO and CIO as an experienced individual who might be able to assist the hospital with its EHR issues.

Chair Raney requested that staff provide an estimated cash flow to go with the timeline for replacing the sunsetting Clinical Horizons program.

FINAL ACTION: No action taken.

ITEM NO. 7 Receive an update on UMC's readiness to transition from ICD 9 to ICD 10 for reporting and coding medical diagnoses and inpatient procedures; and direct staff accordingly. *(For possible action)*

DOCUMENTS SUBMITTED: PowerPoint "ICD-10 Transition Readiness"

DISCUSSION: CIO McKinley and his staff are working with Linda Garrison, the Health Information Management Director, on the ICD-10 transition. He reported that the test system is operational and testing is underway. The move of the ICD-10 test environment to production, which allow for dual coding, is scheduled for the first week of June. Final transition from dual coding to the live ICD-10 environment is scheduled for September, in anticipation of the October 1, 2015 "Go Live" for ICD-10. The plan for educating physicians and coding staff was shared with the Committee.

Concerns and challenges focus around the actual coders, including the difficulty in filling already vacant positions, plus the additional resources that will be required because of the time needed for the coding due to the complexities of ICD-10. Facilities who have been dual-coding for two or more years show that the process is significantly affected, with production at 60% of the ICD-9 rate.

CFO Stephanie Merrill predicts that this anticipated slowdown with coding will also result in a slow down in cash flow and collections, and staff is taking this into consideration as they look at the anticipated 2016 cash flow. She noted that additional contract coders are being hired now to address outstanding DNFB (Discharged Not Final Billed) accounts and then lead into the ICD-10 transition. But she noted that it is very difficult to find coders, as all hospitals are increasing their staffing to accommodate the change to ICD-10, leading to increasing salary demands and off-site contractors. Staff is currently working on a plan to address with the County their current policy that requires County employees to reside in Clark County, thereby eliminating the possibility of coders working off-site, as allowed by other hosptials.

There was a brief discussion about DNFB (Discharged Not Final Billed) accounts. In response to questions from the Committee, CFO Merrill noted that the average time for DNFB should be in the four day range, but it is currently 12-15 days. This was a result of transitions and implementations that impacted the coding cues, in addition to staffing shortages. She acknowledged that the backlog is declining, and must be cleared before converting to ICD-10.

CFO Merrill was requested to provide monthly update on backlog of DNFB accounts and its affect on readiness for ICD-10.

ACTION TAKEN: No action taken.

ITEM NO. 8 Receive an update on Electronic Health Record (EHR) Meaningful Use attestation; and direct staff accordingly. *(For possible action)*

DOCUMENTS SUBMITTED: PowerPoint "Modifications to Meaningful Use in 2015 through 2017 NPRM"

DISCUSSION: Shelley Russell was introduced as the new Meaningful Use Program Manager. She and CIO McKinley reported that last week CMS made an announcement regarding changes to Meaningful Use that will adversely affect UMC's ability to attest to Meaningful Use.

The CMS announcement halted all attestations, as they consider a proposed Stage 3 Rule, which will be finalized in August. As part of the proposed rule change, no one will be able to attest for the remainder of this year, no matter where they are at in the process. The next time anyone can attest will be January 1, 2016 for a Modified Stage 2. There will be no Attesting to Stage 1. They have made some exceptions for those hospitals that have not yet attested to Stage 1 and are not ready for Stage 2. Beginning January 1, 2016 there is a full year collection for Modified Stage 2 without exceptions. In the third year, 2017, those hospitals can attest again to modified Stage 2 or can elect to attest to Stage 3. By 2018, hospitals will need a full year of collection to attest for Stage 3 From 2018 forward, Stage 3 is the only and final Stage. Penalties will not be applied if we are attesting January 1st to Modified Stage 2 with Exceptions.

UMC was in the process of the 90-day data collection to attest to Year 1 Stage 1 when this announcement was made. The biggest concern for UMC is that we will be switching software vendors at the end of 2017, and will need to have a least that year's worth of data follow to the new system so that we can attest January 1, 2017 to the modified Stage 2, and then be ready to collect data through the following January for Stage 3.

Staff announced plans to submit comments to CMS indicating that our budget has already been submitted and approved, which would prohibit us from implementing two of the measures, Electronic Prescribing and Medication Reconciliation, by January 1, 2016, as required. Many other hospitals have submitted similar comments.

Staff was asked to report quarterly on Meaningful Use, with the next report being given in August, when the CMS final rule is published.

FINAL ACTION: No action taken.

ITEM NO. 9 Receive an update on the financial impact of the Primary/Quick Care Clinics on the hospital's net revenue; and direct staff accordingly. *(For possible action)*

DISCUSSION: Item tabled.

FINAL ACTION: No action taken.

ITEM NO. 10 Review and recommend for approval by the Governing Board the Third Amendment with Spring Valley Shopping Center Las Vegas, NV Limited Partnership to extend the lease of the Spring Valley Quick Care through

June 30, 2020; and take action as deemed appropriate. *(For possible action)*

DOCUMENTS SUBMITTED:
- Third Amendment to Shopping Center Lease between Spring Valley Town Center and UMCSN.

DISCUSSION: Staff recommended a five year extension to the existing lease for Spring Valley Quick Care through 2020, at fair market value, with a continued annual increase of 1.5%. Andrew Chung noted that this clinic has a good payer mix, and therefore he was comfortable with a five year extension.

FINAL ACTION: A motion was made by Don Mackay to approve and make a recommendation to the Governing Board to approve the Amendment. Motion carried by unanimous vote.

ITEM NO. 11 Review and recommend for approval by the Board of County Commissioners the Interlocal Lease of Premises for 1524 Pinto Lane between the Board of Regents of the Nevada System of Higher Education (NSHE) on behalf of University of Nevada School of Medicine (UNSOM) and University Medical Center of Southern Nevada; and take action as deemed appropriate. *(For possible action)*

DOCUMENTS SUBMITTED:
- Interlocal Lease of Property between UMCSN and UNSOM

DISCUSSION: In September 2014, UMC closed all services provided at the Lied Building. UNSOM has continued to provide services in` the Pediatric Clinic and is requesting to continue to use the space for that purpose. Staff recommended an amendment to extend the lease through December 31, 2015, with the intent of phasing in the remainder of the third floor and half of the second floor at that time.

FINAL ACTION: A motion was made by Harry Hagerty to approve and make a recommendation to the Governing Board and Board of County Commissioners to approve the Amendment. Motion carried by unanimous vote.

ITEM NO. 12 Review and recommend for approval by the Governing Board, Amendment Ten to Food and Nutrition Management Agreement between Morrison Management Specialists, Inc. and University Medical Center of Southern Nevada; and take action as deemed appropriate. *(For possible action)*

DOCUMENTS SUBMITTED:
- Amendment Number Ten to the Food and Nutrition Management Agreement between UMCSN and Morrison Management Specialists, Inc.

DISCUSSION: Item tabled.

FINAL ACTION: No action taken.

ITEM NO. 13 Review and recommend for approval by the Board of County Commissioners also sitting as the Board of Hospital Trustees acceptance of OBRA Plan Document for the 457(b) Deferred Compensation Plan with Mass Mutual and University Medical Center of Southern Nevada; and take action as deemed appropriate. *(For possible action)*

DOCUMENTS SUBMITTED:
- MassMutual Specimen 457(b) Plan Document

DISCUSSION: Staff recommended acceptance of the Plan Document to allow for UMC non-benefitted staff to rollover investments from other benefit packages to their 457 (b) plan accounts once they are hired into a benefitted role.

Member Hagerty noted that the HR Committee also reviewed this recommendation and recommended approval from a benefits standpoint.

Committee members were concerned about the Mass Mutual cover letter included in the back-up documentation which stated, "….does not satisfy the document non-amender failure for 2011." The Committee requested that staff confirm with the County that the proposed Plan amendment would be retroactive back to 2011.

FINAL ACTION: A motion was made by Eileen Raney to approve and make a recommendation to the Board of Hospital Trustees to approve the Plan, with the understanding that staff would get back to the Committee members with assurance on the 2011 issue raised in the cover letter. Motion carried by unanimous vote with follow-up report to Committee.

ITEM NO. 14 Review and recommend for approval by the Governing Board the Memorandum of Understanding between Clark County and University Medical Center of Southern Nevada to provide a videographer and necessary equipment to videotape and produce the "UMC Digest" for airing on the Clark County Television, CCTV, Channel 4; and take action as deemed appropriate. *(For possible action)*

DOCUMENTS SUBMITTED:
- Memorandum of Understanding between Clark County and UMCSN.

DISCUSSION: Staff recommended approval of a new two year interlocal agreement with Clark County for video taping of the UMC Digest, for continuation of current services with no price increase. It was noted that the agreement will not auto-renew, as noted in the agenda item background information.

FINAL ACTION: A motion was made by Harry Hagerty to approve and make a recommendation to the Governing Board to approve the MOU. Motion carried by unanimous vote.

ITEM NO. 15 Review and recommend for approval by the Governing Board the Sixth Amendment to Participating Provider Agreement between Amerigroup Nevada, Inc. d/b/a Amerigroup Community Care and University Medical

Center of Southern Nevada; and take action as deemed appropriate. *(For possible action)*

DOCUMENTS SUBMITTED:
- Sixth Amendment to Participating Provider Agreement between Amerigroup and UMCSN
- Disclosure of Ownership/Principals
- Disclosure of Relationship

DISCUSSION: Staff recommended approval of an amendment on primary care urgent care specialty clinics laboratory services. This is a Medicaid HMO program, and the amendment will convert from Medicare reimbursement to Medicaid reimbursement, which will result in a slight reduction in reimbursement for laboratory services. Given the volume, and the UPL and enhanced Medicaid MCO rates, UMC is amenable to the change.

FINAL ACTION: A motion was made by Jeff Ellis to approve and make a recommendation to the Governing Board to approve the Amendment. Motion carried by unanimous vote.

ITEM NO. 16 Review and recommend for approval by the Governing Board the 2nd Amendment to MOU between JSA P5 Nevada, LLC d/b/a HealthCare Partners of Nevada and University Medical Center of Southern Nevada (UMC); and take action as deemed appropriate. *(For possible action)*

DOCUMENTS SUBMITTED:
- Amendment to JSA PS NEVADA, LLC dba Healthcare Partners of Nevada and UMCSN
- Disclosure of Ownership/Principals
- Disclosure of Relationship

DISCUSSION: Staff recommended approval of the Amendment to extend the Agreement for a three year period and update the Medicare Fee Schedule.

FINAL ACTION: A motion was made by Harry Hagerty to approve and make a recommendation to the Governing Board to approve the Amendment. Motion carried by unanimous vote.

ITEM NO. 17 Review and recommend for approval by the Governing Board the Fourth Amendment to the Hospital Services Agreement between Health Services Coalition and University Medical Center of Southern Nevada for managed care services; and take action as deemed appropriate. *(For possible action)*

DOCUMENTS SUBMITTED:
- Fourth Amendment to Hospital Services Agreement between Health Services Coalition and UMCSN

DISCUSSION: Staff recommended approval of the Amendment to include specific quality metrics associated with the potential for increased reimbursement based on performance.

FINAL ACTION: A motion was made by Jeff Ellis to approve and make a recommendation to the Governing Board to approve the Amendment. Motion carried by unanimous vote.

ITEM NO. 18 Review and recommend for approval by the Governing Board Amendment Three to Hospital Participation Agreement between Health Value Management d/b/a ChoiceCare Network and University Medical Center of Southern Nevada (UMC); and take action as deemed appropriate. *(For possible action)*

DOCUMENTS SUBMITTED:
- Amendment Three to Hospital Participation Agreement between UMCSN and Health Value Management dba Choice Care Network
- Disclosure of Ownership/Principals
- Disclosure of Relationship

DISCUSSION: Staff recommended approval of the Amendment to extend the Agreement for a three year period and update the Medicare Fee Schedule.

FINAL ACTION: A motion was made by Don Mackay to approve and make a recommendation to the Governing Board to approve the Amendment. Motion carried by unanimous vote.

ITEM NO. 19 Review and recommend ratification by the Governing Board, Amendment A01 to the Interlocal Agreement with the Southern Nevada Health District to provide an Epidemiologist to serve at the SNHD Tuberculosis Clinic and to authorize the CEO to sign additional one year extensions as detailed in the agreement; and take action as deemed appropriate. *(For possible action)*

DOCUMENTS SUBMITTED:
- Interlocal Agreement Amendment A01 between Southern Nevada Health District and UMCSN December 2014
- Interlocal Agreement Amendment A01 between Southern Nevada Health District and UMCSN November 2013

DISCUSSION: Staff recommended approval of the Amendment for one additional year, with two additional one year extensions, and also clarification of the conditions for termination. The agreement covers UMC costs to provide an epidemiologist for the TB Clinic.

FINAL ACTION: A motion was made by Jeff Ellis to approve and make a recommendation to the Governing Board to approve the Amendment. Motion carried by unanimous vote.

ITEM NO. 20 Review and recommend approval by the Governing Board, Amendment One to the Agreement with the UNLV School of Dental Medicine, for General and Pediatric Dentistry On-Call and Professional Dentistry Services; and take action as deemed appropriate. *(For possible action)*

DOCUMENTS SUBMITTED:

- Amendment One to Agreement for Dentist On-Call Services between UMCSN and NSHE on behalf of UNLV School of Dental Medicine
- Agreement for Dentist On-Call Services between UMCSN and NSHE on behalf of UNLV School of Dental Medicine

DISCUSSION: Staff recommended approval of the Amendment to extend the agreement for general and pediatric dentistry on-call and professional dentistry services for one additional year through June 30, 2017, with no increase. The Amendment also adds new performance standards.

FINAL ACTION: A motion was made by Don Mackay to approve and make a recommendation to the Governing Board to approve the Amendment. Motion carried by unanimous vote.

ITEM NO. 21 Review and recommend for approval by the Governing Board an agreement for biologics products with various companies and the University Medical Center of Southern Nevada and authorize the CEO to execute future agreements; and take action as deemed appropriate. *(For possible action)*

DOCUMENTS SUBMITTED:
- Letter dated April 16, 2015 to Undisclosed Recipients re: Biologics
- Biologics Capped Pricing Program
- UMCSN Biologics Products Agreement

DISCUSSION: Staff recommended approval of an agreement for various companies to capitate pricing on biologic products. The program would be extended to a number of suppliers. If the supplier does not agree to the capitated pricing, their product or invoice will be rejected. The term of the agreement would be upon execution of signatures and expire on June 1, 2018. The program will result in an estimated cost savings of $855,000 per year. .

FINAL ACTION: A motion was made by Don Mackay to approve and make a recommendation to the Governing Board to approve the Agreement. Motion carried by unanimous vote.

ITEM NO. 22 Review and recommend ratification by the Governing Board, the Extension of Agreement for the Provision of Interim Manager of the OR/Surgical Services, with Whitman Partners; and take action as deemed appropriate. *(For possible action)*

DOCUMENTS SUBMITTED:
- Letter dated May 7, 2015 to Travis O'Conner, Whitman Partners, Inc.
- Letter of Understanding between Whitman Partners and UMCSN

DISCUSSION: Staff recommended ratification of the 13 week extension of the Agreement to provide candidates and recruit for a new OR/Surgical Services Director.

FINAL ACTION: A motion was made by Don Mackay to approve and make a recommendation to the Governing Board to approve the extension. Motion carried by unanimous vote.

ITEM NO. 23 Discuss recommendations for performance metrics to be included in the Chief Executive Officer's employment agreement, as it pertains to discretionary salary increases and bonuses, for approval by the Governing Board; and direct staff accordingly. *(For possible action)*

DOCUMENTS SUBMITTED:
- Proposed CEO Performance Objectives for Finance/Operations

DISCUSSION: The proposed CEO Performance Objectives for Finance/Operations were reviewed and discussed.

The Committee had the following recommendations:

- Objective 1 should be clarified to read "budgeted operating income loss equal to or better than budget".
- Objective 2 should be clarified whether the intent was "two percentage points" or "two percent".
- Noting that some service lines may have more in operating expenses than in capital, it was suggested that Objective 3 read "Identify new or enhanced service lines and any required technology to increase revenue".
- No changes were recommended to Objectives 4 and 5

There was discussion regarding the weighting of the objectives, though no consensus was reached. The Chair will work with CEO VanHouweling at a later date to determine weighting.

Recommended changes to performance objectives will be forwarded to CEO VanHouweling for consideration and future review by the Governing Board.

FINAL ACTION: No action taken.

ITEM NO. 24 Receive monthly financial report for April 2014; and direct staff accordingly. *(For possible action)*

DOCUMENTS SUBMITTED: Management Discussion & Analysis; April 2015

DISCUSSION: The Management Discussion & Analysis was reviewed, with the following highlights:

- Net Revenue was $3.9 million ahead of budget, due to higher UPL rates and higher Medicaid MCO enhanced rates
- Total Operating Expenses were $2.8 million ahead of budget
- Net Operating Deficit at $1.1 million was $6.8 million ahead of budget.
- Salaries and Benefits were under budget by $1.8 million
- Supplies were $200,000 under budget.
- There were 23 robotic surgeries in April, with 107 FYTD. Though the number of cases were below the business plan estimate of 30.5 cases, the minutes were greater, indicating fewer but more complicated cases. Future reports will include payer mix and halo effect. In June, staff will provide a six month report, which will include expected reimbursement.

Member Hagerty noted that volume appears to be down, based on reported Average Daily Census, Adjusted Patient Days, ED Volume, Outpatient Visits, and Surgeries, and he expressed concern that the UPL and MCO enhanced rate recoveries might be masking the expected unfavorable financial result of lower census. Chair Raney suggested that at the fiscal year end, the Committee receive an analysis of the impact of MCO Medicaid payments compared to actual patient volume.

FINAL ACTION: No action taken.

ITEM NO. 25 Receive and review the FY 2016 budget forms submitted to Clark County for consideration; and direct staff accordingly*. (For possible action)*

DOCUMENTS SUBMITTED:
- Schedule F-1 Revenues, Expenses and Net Income
- Schedule F-2 Statement of Cash Flow
- Schedule C-1 Indebtedness

DISCUSSION: CFO Merrill presented the revised budget forms submitted to Clark County, with the following highlights:
- Added revenue and expenses for surgery, as that service line is specifically targeted for expansion in the strategic plan.
- Some minor changes were made based on detail of individual department budgets.
- Subsidy remains the same, but has been moved around on the form because the auditors moved it to the Transfer section.
- The increase in Operating Loss was due to the addition of $3 million in depreciation.

FINAL ACTION: No action taken.

ITEM NO. 26 Receive an update from the Chief Financial Officer; and direct staff accordingly. *(For possible action)*

DISCUSSION: CFO Merrill clarified that a statement made by Lisa Gorlick during her Laboratory Department presentation at the April Governing Board meeting. When asked how the new Lab equipment was financed, Ms. Gorlick reported that it was from a savings realized by labor reduction. Ms. Merrill clarified that while there were some labor savings, the equipment was funded through bonds for the Master Plan/Northeast Tower.

FINAL ACTION:

ITEM NO. 27 Identify emerging issues to be addressed by staff or by the Audit and Finance Committee at future meetings; and direct staff accordingly. *(For possible action)*

No emerging issues.

COMMENTS BY THE GENERAL PUBLIC:

At this time, Chair Raney asked if there were any persons present in the audience wishing to be heard on any items not listed on the posted agenda.

SPEAKERS(S): None

There being no further business to come before the Committee at this time, at the hour of 6:25 p.m., Chair Raney adjourned the meeting.

MINUTES APPROVED: June 17, 2015