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July 11, 2017

VIA ELECTRONIC MAIL AND FEDERAL EXPRESS

Kevin McDonald
Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

RE: **P-B Health Home Care Agency, Inc.**
Docket No. 16-16-2385
Responses to Supplemental Completeness Questions
Received on June 26, 2017

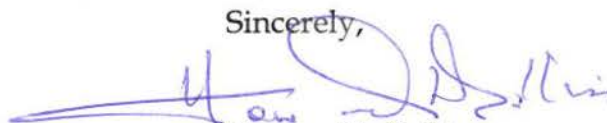
Dear Ms. McDonald:

On behalf of P-B Health Home Care Agency, Inc. ("PB Health"), we are hereby submitting the required six (6) copies of our responses to the June 26, 2017 completeness questions regarding the above-referenced project. We will also provide Word and electronic copies of our responses and exhibits as appropriate.

I hereby certify that a copy of this response has also been forwarded to the appropriate local health planning agency, as noted below.

If any further information is needed, please let us know.

Sincerely,



Howard L. Sollins

HLS/tjr
Enclosures

Kevin McDonald
Chief, Certificate of Need
July 11, 2017
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Certificate of Service

I HEREBY CERTIFY on this 11th day of July, 2017 a copy of the P-B Health Home Care Agency, Inc.'s Responses to Supplemental Completeness Questions Received on June 26, 2017 was sent via Electronic Mail and Federal Express to:

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Howard L. Sollins

P-B Health Home Care Agency, Inc.
Certificate Of Need Application to Provide Hospice Services in Prince George's
County , Maryland
Docket No. 16-16-2385

Responses to Supplemental Completeness Questions Received on June 26, 2017

Following is P-B Health Home Care Agency Inc.'s reply to the supplemental completeness questions presented in the above-referenced certificate of need review.

Viability and Financial Statements

1. **For both the 2015 and 2016 financial statements submitted, the cover letter on the ACCOUNTANTS' COMPILATION REPORT carried an unusual caveat: "Management has elected to omit substantially all of the disclosures ordinarily included..in accordance with (generally accepted) accounting principles...(that, if included) "might influence the users about the Company's assets, liabilities, equity, revenue, and expenses; Accordingly, the financial statements are not designed for those who are not informed about such matters."**

P-B Health's Response:

In fact, the quoted language from the Accountant's Compilation Report is not unusual. P-B Health's independent accountant, Moses & Associates included this language because it is required for compilation financial statements of this kind. Attached as Exhibit 1 is the relevant provision from the American Institute of CPAs (AICPA) Statements on Standards for Accounting and Review Standards. AR Section 80 addresses compilation statements of the kind the independent accountant provided. As Section .01 provides:

.01 This section establishes standards and provides guidance on compilations of financial statements. The accountant is required to comply with the provisions of this section whenever he or she is engaged to report on compiled financial statements or submits financial statements to a client or to third parties.

In compliance with Sections .06, though Moses & Associates has knowledge of the home health industry and with P-B Health in particular, consistent with the AICPA standards in Sections .08 through .11, stating:

Knowledge of the Client

- .08** The accountant should obtain knowledge about the client, including
- an understanding of the client's business and
 - an understanding of the accounting principles and practices used by the client.

.09 In obtaining an understanding of the client's business, the accountant should have a general understanding of the client's organization; its operating characteristics; and the nature of its assets, liabilities, revenues, and expenses. The accountant's understanding of the entity's business is ordinarily obtained through experience with the entity or its industry and inquiry of the entity's personnel.

.10 The accountant should obtain an understanding of the accounting principles and practices used by the client in measuring, recognizing, recording, and disclosing all significant accounts and disclosures in the financial statements. The accountant's understanding also may include matters such as changes in accounting practices and principles and differences in the client's business model as compared with normal practices within the industry.

.11 In obtaining this understanding of the client's accounting policies and practices, the accountant should be alert to unusual accounting policies and procedures that come to the accountant's attention as a result of his or her knowledge of the industry.

The AICPA makes clear that compilation statements prepared in this manner are acceptable and are not to be used with an intention to mislead anyone using such financial statements. Under Section .20

.20 An entity may request the accountant to compile financial statements that omit substantially all the disclosures required by an applicable financial reporting framework, including disclosures that might appear in the body of the financial statements.⁵ The accountant may compile such financial statements, provided that the omission of substantially all disclosures is not, to his or her knowledge, undertaken with the intention of misleading those who might reasonably be expected to use such financial statements. When reporting on financial statements that omit substantially all disclosures, the accountant should include, after the paragraph describing the accountant's responsibility, a paragraph in the compilation report that includes the following elements:

a. A statement that management has elected to omit substantially all the disclosures (and the statement of cash flows, if applicable) required by the applicable financial reporting framework (or ordinarily included in the financial statements if the financial statements are prepared in accordance with an OCBOA)

b. A statement that if the omitted disclosures (and statement of cash flows, if applicable) were included in the financial statements, they might influence the user's conclusions about the company's financial position, results of operations, and cash flows (or equivalent for presentations other than accounting principles

generally accepted in the United States of America) c. A statement that, accordingly, the financial statements are not designed for those who are not informed about such matters When the entity wishes to include disclosures about only a few matters in the form of notes to such financial statements, such disclosures should be labeled "Selected Information—Substantially All Disclosures Required by [*identify the applicable financial reporting framework (for example "Accepted Accounting Principles Generally Accepted in the United States of America")*] Are Not Included." See Compilation Exhibit B for examples of compilation reports when substantially all disclosures required by an applicable financial reporting framework are omitted.

Compilation statements of the kind P-B Health provided are an accepted method of reporting and the quoted language is not unusual; in fact, it is the language mandated by the AICPA for these types of compilation statements.

2. This statement requires further explanation, if not submission of those omitted disclosures.

The undisclosed information on the compilation statement is simply background information that was used to provide the financial information reported in the statement. P-B Health can represent that none of this information would change the amounts reported on the compilation statements.

3. P-B's financial statements for the year ending 12/31/16 showed an operating loss of close to \$120,000, and its balance sheet showed retained earnings of -\$245,932.

P-B Health's Response:

As P-B Health wishes to provide updated information used in its financial statements, the applicant reviewed the information provided and recognized that the inconsistency of the financial statements identified a need to update both the 2015 and 2016 financials. Attached, are restated 2015 and 2016 financial documents in response to question 3 b. as Exhibit 2 (Calendar year 2015) and Exhibit 3 (Calendar Year 2016). These show that P-B Health's 2016 loss was significantly lower, at \$95,171 and that it was still profitable in 2015, albeit at \$308,495, with retained earnings of -\$359,541.

P-B Health's explanation for the restatement of its financial statements for Calendar years 2015 and 2016 is as follows:

1. The restatement of the financial statements was required because P-B Health's Medicare revenue was grossly understated for Calendar years 2014 and 2015.
2. Medicare revenue for Calendar Year 2014 and calendar 2015

- had been calculated based on P-B Health's Medicare Cost Report's average payment per visit..
3. However, Medicare's actual payments to home health agencies are based on 60 days of service called an Episode which is calculated from the patient's Medicare's *Outcome and Assessment Information Set* (OASIS) rating of the patients when the patient is assessed and taken under care.
 4. When P-B Health used visit data to calculate the Medicare visits using the average Medicare payment per visits it revealed an understatement of P-B Health's revenue.
 5. Thus, upon review of the claims paid by Medicare in 2014 and 2015, P-B Health replaced the amount based on the per visit calculation with the actual revenue paid based on the Medicare OASIS payment received for those years, which is more accurate.
 6. P-B Health found that the Medicare visit utilization changes in Medicare episodes caused the Medicare revenue calculated to be incorrect.

Based on these facts, P-B Health determined that more accurate revenue should be used for the financial statement of Calendar years 2015 and 2016. P-B Health acknowledges the negative retained earnings but the question posed did not mention the \$615,072 in long term liabilities represented by amounts due to officer and deferred compensation. These amounts exceeded the negative retained earnings, documenting that P-B Health owners continue to invest in the business and ensure its viability and strength. There was also a payment of a portion of the deferred compensation in 2015 and 2016 but no amount paid under the account payable, demonstrating that ownership ensures funds remain in P-B Health, as needed. Notwithstanding this loss in 2016, cash only decreased by \$21,701. This is the case even though in 2016, P-B invested more than \$37K in a new telephone system.

This is a privately held business and its owners ensure that funds are available to maintain solid operations. P-B Health notes as well that P-B Health documented the available of equity in a related real estate asset. P-B Health is financially strong.

a) P-B showed this loss in 2016 after a gain of over \$500,000 in the prior year. Please discuss the factors involved in this significant negative turnaround.

P-B Health's Response:

P-B Health's loss in the restated 2016 financials is \$95,171. P-B Health's gain in the restated 2015 financials is \$308,495. This difference between these two years is a shift of \$403,666 not over \$500,000. The change from 2015 to 2016 due to a drop in Medicare revenue in 2016 and an increase in P-B Health's visit utilization per patient episode which caused a loss in revenue of approximately \$20.00 per visit for over 20,000 Medicare visits. This resulted in a shift of about \$400,000.00 in Medicare revenue. This service overutilization has been corrected in 2017

- b) Please explain the negative value of retained earnings and a total stockholders' equity that is significantly less than the amount of additional paid-in capital.**

P-B Health's Response:

P-B Health's has had its 2016 financial statements restated for the reasons stated in 3 a. P-B Health's current stockholder's equity deficit of \$359,541 is the remainder of losses accumulated from 1995 to 2001 during which P-B Health experienced \$1.8 million dollars in losses due to Medicare take backs under Medicare's then cost reimbursement payment system for home health care. These losses occurred 16 years ago during the period when home health was reimbursed by Medicare on a cost basis.

The stockholders equity has been rebooked for 2016. The 2015 financials had been restated without the 2016 financials being restated.

- 4. Given that P-B Health's quality ratings would not have permitted it to seek a CON to expand its HHA services in Maryland, please provide a detailed explanation why it believes that it can provide high quality hospice services if it is granted a CON.**

P-B Health Home Care Agency, Inc. (P-B), does not have quality ratings that would have qualified it to apply to expand its home health agency services to other jurisdictions under the methodology established in 10.24.16.07A. and B. The performance thresholds required and P-B's scores on those selected measures are shown in the table below.

SELECTED RATING FACTORS	QOC Summary Star Rating Qualifying rating= 3.5	QOC Measures Meeting Threshold (qualifying = 6 or more of 11)	HHCAHPS Survey Summary Star Rating (qualifying=3.0)	HHCAHPS Measures Meeting Threshold (qualifying = 3 or more of 5)
P-B Health Performance	3	4	2	0

Please explain how this mediocre performance would be upgraded in its hospice operation if P-B were granted a CON to provide hospice services.

P-B Health's Response:

P-B is concerned about the implication of the question, which is that a home health agency seeking to add an additional service, in this case hospice, would need demonstrate it can obtain additional home health approvals. Its performance is not mediocre, There is no similar prequalification metric for any other type of applicant, including other health care facilities licensed for other services or hospices seeking to add jurisdictions to serve. P-B Health should not be required to meet a standard to add hospice services that is not also applicable to other applicants or that is not incorporated

into the Hospice chapter of the State Health Plan.

P-B Health will provide high quality hospice services if it is granted a CON for Prince George's County, Maryland. P-B Health is currently a Centers for Medicare and Medicaid Services (CMS) "4 Star" rated Home Care Agency and anticipates it should be rated as "4.5 Star" once the updated CMS information is posted. According to CMS Home Health Compare only 6 Maryland home health agencies have higher Star ratings than P-B Health, i.e. at 4.5 or 5 stars and does not account for the risk related challenges P-B Health faces serving a Baltimore City, largely African-American population with income and related determinants of health care utilization.

The MHCC's 2017 Home Health Agency certificate of need review identified 18 home health agencies qualified to seek an expansion of jurisdictions. Of these, it appears that only four of them are based in Baltimore City. The MHCC's data shows that there are 17 home health agencies serving Baltimore City but only 4 would be qualified to seek expansion applications for home health. P-B is by no means an "outlier" in this regard. The metrics used in these guidelines are federal CMS rankings measured on a statewide basis. The Hospice chapter of the SHP finds need for Baltimore City and Prince George's County based largely on the lack of sufficient acceptance of hospice services by the African-American population. By suggesting that the statewide home health agency expansion guidelines are relevant or represent mediocre performance, this suggests that a home health agency with its focus on the African-American, underserved, indigent challenges particularly in a home health environment, are less likely to be approved to meet this hospice need. This would not be an appropriate use of the home health standard in this hospice review. That P-B Health has achieved this success while reaching this Star ranking is a testament to its ability to meet community needs with quality care.

There are 27 Maryland hospitals on the approved list qualified to initiate or expand home health services. It would not be appropriate for the MHCC to state that the remaining hospitals may never obtain a CON for a different service because they are not on the approved home health agency application list.

P-B Health will meet the Quality Standards regulated through CMS as Maryland is one of the pilot states under this new program. This program is designed to ensure accountability for all agencies to improve in OASIS-Based Measures, Claims-Based Measures, and HHCAHPS Measures. Notwithstanding, under (SHP) Strategic Health Care Programs P-B Health is a highly rated agency. (See SHP Real-Time Home Health Compare and CMS) these documents compare State and a National percentage in comparison to P-B Health's rating percentages.

P-B Health is totally focused on Medicare Quality Standards using consultants and staff who make clearly defined objectives to improve upon patient care and patient satisfaction. P-B Health is using in-services, and extensive trainings which include subjects such as Care In a Professional Manner, Safety Matters, Wound Care, OASIS training, Medication training, Improvement in Ambulation and Locomotion, and includes

various HHVBP webinars through CMS.

P-B Health took one step at a time and placed emphases on areas it needed to improve state wide and nationally in establishing goals. P-B Health's goal is to be a "5 Star" agency by the end of 2017. Its 100% participation and commitment from our clinicians, QA, and Administrative Teams will make these goals attainable.

P-B Health Home Care has been selected by CMS under HHVBP on June 5, 2017 as a high-performer on the OASIS-Based Measure "Improvement in Ambulation and Locomotion." P-B Health was invited to share its clinical and operational practices that contributed to our success with The Lewin Group (see Exhibit 4). This group compiles monthly webinars for CMS to share and educate Home Health, Hospitals, Long Term Facilities, and Ambulatory providers with up-to-date educational resources to create an atmosphere for sharing information, having meaningful discussions, and resolving problematic issues. P-B Health started as a 2.5 in "Improvement in Ambulation and Locomotion" and improved to 4.5 in this measure.

P-B Health is pleased to report its progress and growth in Drug and Education on All Medications Provided to Patient/Caregivers, Management of Oral Medications, Pain interfering with Activity, and Dyspnea. P-B Health is also aware that it still has goals that is committed to reach. The table below was compiled from CMS and SHP reporting; if P-B Health Hospice is granted the CON to provide hospice services, P-B Health Hospice will continue to use the tools provided by CMS and (SHP) Strategic Health Care Programs to monitor, evaluate, and train our staff as needed to continue providing quality care to our patients.

As stated in its December 15, 2016 response to questions under Quality, P-B Health will also comply with the CAHPS Hospice Survey in the processes of patient-level data collection (HIS) Hospice Item Set involving the data collection of seven quality measures. These Quality Measures are Patients treated with an opioid who is given a bowel regimen, Pain screening, Dyspnea treatment, Dyspnea screening, Treatment preferences, and Beliefs/values addressed (if the patient desires) through the National Quality Forum.

Selected Rating Factors	QOC Summary Star Rating Qualifying rating 3.5	QOC Measures Meeting Threshold (qualifying = 6 or more of 11)	HHCAHPS Survey Summary Star Rating (qualifying =3.0)	HHCAHPS Measures Meeting Threshold (qualifying = 3 or more of 5)
P-B Health Performance	4.5	8	2	1

Attached as Exhibit 5 is the SHP Real-Time VBP performance Score chart for P-B Health, May, 2017. It illustrates the many Outcome and Performance Measures in which P-B Health demonstrates improvement and meeting the Maryland and median threshold and 90th average benchmark. It is evident that, having accomplished these results, P-B Health does need to improve under patient experience measures so that

they match the positive outcome and performance rankings. This is the most challenging part of meeting the needs of the population P-B Health serves. But, P-B Health has demonstrated strong clinical performance and will improve in these areas too. These scores show P-B Health's ability to deliver quality care in challenged communities and this will be enhanced by its ability to offer hospice services too.

Respectfully Submitted,



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Certificate of Service

I HEREBY CERTIFY on this 11th day of July, 2017 a copy of the P-B Health Home Care Agency, Inc.'s Responses to Supplemental Completeness Questions was sent via Electronic Mail and Federal Express to:

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Howard L. Sollins

List of Exhibits

1. Excerpts from the American Institute of CPA (AICPA) Statements on Standards for Accounting and Review Standards Regarding Compilation of Financial Statements
2. Compiled Financial Statements for 2015 (Restated)
3. Compiled Financial Statements for 2016 (Restated)
4. Lewin Group/Improvement in Ambulation and Locomotion Documentation
5. SHP Real-Time VBP Performance Score Chart
6. Affirmations

EXHIBIT 1

AR Section 80***Compilation of Financial Statements***

Issue date, unless otherwise indicated: December 2009

See section 9080 for interpretations of this section.

Source: SSARS No. 19

.01 This section establishes standards and provides guidance on compilations of financial statements. The accountant is required to comply with the provisions of this section whenever he or she is engaged to report on compiled financial statements or submits financial statements to a client or to third parties.

Establishing an Understanding

.02 The accountant should establish an understanding with management regarding the services to be performed for compilation engagements¹ and should document the understanding through a written communication with management. Such an understanding reduces the risks that either the accountant or management may misinterpret the needs or expectations of the other party. For example, it reduces the risk that management may inappropriately rely on the accountant to protect the entity against certain risks or to perform certain functions that are management's responsibility. The accountant should ensure that the understanding includes the objectives of the engagement, management's responsibilities, the accountant's responsibilities, and the limitations of the engagement. In some cases, the accountant may establish such understanding with those charged with governance.

.03 An understanding with management and, if applicable, those charged with governance, regarding a compilation of financial statements should include the following matters:

- The objective of a compilation is to assist management in presenting financial information in the form of financial statements.
- The accountant utilizes information that is the representation of management (owners) without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements in order for the statements to be in conformity with the applicable financial reporting framework.
- Management is responsible for the preparation and fair presentation of the financial statements in accordance with the applicable financial reporting framework.
- Management is responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.
- Management is responsible to prevent and detect fraud.

¹ See paragraph .29 of QC section 10, *A Firm's System of Quality Control*. [Footnote revised, December 2012, to reflect conforming changes necessary due to the issuance of SQCS No. 8.]

- Management is responsible for identifying and ensuring that the entity complies with the laws and regulations applicable to its activities.
- Management is responsible for making all financial records and related information available to the accountant.
- The accountant is responsible for conducting the engagement in accordance with Statements on Standards for Accounting and Review Services (SSARs) issued by the AICPA.
- A compilation differs significantly from a review or an audit of financial statements. A compilation does not contemplate performing inquiry, analytical procedures, or other procedures performed in a review. Additionally, a compilation does not contemplate obtaining an understanding of the entity's internal control; assessing fraud risk; testing accounting records by obtaining sufficient appropriate audit evidence through inspection, observation, confirmation, or the examination of source documents (for example, cancelled checks or bank images); or other procedures ordinarily performed in an audit. Accordingly, the accountant will not express an opinion or provide any assurance regarding the financial statements.
- The engagement cannot be relied upon to disclose errors, fraud,² or illegal acts.³
- The accountant will inform the appropriate level of management of any material errors and of any evidence or information that comes to the accountant's attention during the performance of compilation procedures that fraud or an illegal act may have occurred.⁴ The accountant need not report any matters regarding illegal acts that may have occurred that are clearly inconsequential and may reach agreement in advance with the entity on the nature of any such matters to be communicated.
- The effect of any independence impairments on the expected form of the accountant's compilation report, if applicable.

These matters should be communicated in the form of an engagement letter. Examples of engagement letters for a compilation of financial statements are presented in Compilation Exhibit A, "Illustrative Engagement Letters."

.04 An understanding with management or, if applicable, those charged with governance, also may include other matters, such as the following:

- Fees and billings

² For purposes of the SSARs, *fraud* is an intentional act that results in a misstatement in compiled financial statements.

³ For purposes of the SSARs, *illegal acts* are violations of laws or government regulations, excluding fraud.

⁴ Whether an act is, in fact, fraudulent or illegal is a determination that is normally beyond the accountant's professional competence. An accountant, in reporting on financial statements, presents himself or herself as one who is proficient in accounting and compilation services. The accountant's training, experience, and understanding of the client and its industry may provide a basis for recognition that some client acts coming to his or her attention may be fraudulent or illegal. However, the determination about whether a particular act is fraudulent or illegal would generally be based on the advice of an informed expert qualified to practice law or may have to await final determination by a court of law.

- Any limitation of or other arrangements regarding the liability of the accountant or the client, such as indemnification to the accountant for liability arising from knowing misrepresentations to the accountant by management (regulators may restrict or prohibit such liability limitation arrangements)
- Conditions under which access to compilation documentation may be granted to others
- Additional services to be provided relating to regulatory requirements

.05 If the compiled financial statements are not expected to be used by a third party and the accountant does not expect to issue a compilation report on the financial statements, the accountant should include in the engagement letter an acknowledgment of management's representation and agreement that the financial statements are not to be used by a third party. The engagement letter also should address the following additional matters if applicable:

- Material departures from the applicable financial reporting framework may exist, and the effects of those departures, if any, on the financial statements may not be disclosed.
- Substantially all disclosures (and statement of cash flows, if applicable) required by the applicable financial reporting framework may be omitted.
- Reference to supplementary information.

Compilation Performance Requirements

Understanding of the Industry

.06 The accountant should possess an understanding of the industry in which the client operates, including the accounting principles and practices generally used in the industry sufficient to enable the accountant to compile financial statements that are appropriate in form for an entity operating in that industry.

.07 The requirement that the accountant possess a level of knowledge of the industry in which the client operates does not prevent the accountant from accepting a compilation engagement for an entity in an industry with which the accountant has no previous experience. It does, however, place upon the accountant a responsibility to obtain the required level of knowledge. The accountant may do so, for example, by consulting AICPA guides, industry publications, financial statements of other entities in the industry, textbooks and periodicals, appropriate continuing professional education, or individuals knowledgeable about the industry.

Knowledge of the Client

.08 The accountant should obtain knowledge about the client, including

- an understanding of the client's business and
- an understanding of the accounting principles and practices used by the client.

.09 In obtaining an understanding of the client's business, the accountant should have a general understanding of the client's organization; its operating

characteristics; and the nature of its assets, liabilities, revenues, and expenses. The accountant's understanding of the entity's business is ordinarily obtained through experience with the entity or its industry and inquiry of the entity's personnel.

.10 The accountant should obtain an understanding of the accounting principles and practices used by the client in measuring, recognizing, recording, and disclosing all significant accounts and disclosures in the financial statements. The accountant's understanding also may include matters such as changes in accounting practices and principles and differences in the client's business model as compared with normal practices within the industry.

.11 In obtaining this understanding of the client's accounting policies and practices, the accountant should be alert to unusual accounting policies and procedures that come to the accountant's attention as a result of his or her knowledge of the industry.

Reading the Financial Statements

.12 Before submission, the accountant should read the financial statements and consider whether such financial statements appear to be appropriate in form and free from obvious material errors. In this context, the term *error* refers to mistakes in the preparation of financial statements, including arithmetical or clerical mistakes, and mistakes in the application of accounting principles, including inadequate disclosure.

Other Compilation Procedures

.13 The accountant is not required to make inquiries or perform other procedures to verify, corroborate, or review information supplied by the entity. However, the accountant may have made inquiries or performed other procedures. The results of such inquiries or procedures, knowledge gained from prior engagements, or the financial statements on their face may cause the accountant to become aware that information supplied by the entity is incorrect, incomplete, or otherwise unsatisfactory or that fraud or an illegal act may have occurred. The accountant should request that management consider the effect of these matters on the financial statements and communicate the results of such consideration to the accountant. Additionally, the accountant should consider the effect of management's conclusions regarding these matters on the accountant's compilation report. In circumstances when the accountant believes that the financial statements may be materially misstated, the accountant should obtain additional or revised information. If the entity refuses to provide additional or revised information, the accountant should withdraw from the engagement.

Documentation in a Compilation Engagement

.14 The accountant should prepare documentation in connection with each compilation engagement in sufficient detail to provide a clear understanding of the work performed. Documentation provides the principal support for the representation in the accountant's compilation report that the accountant performed the compilation in accordance with SSARSs.

The accountant is not precluded from supporting the compilation report by other means in addition to the compilation documentation. Such other means might include written documentation contained in other engagement files or

quality control files (for example, consultation files) and, in limited situations, oral explanations.

.15 The form, content, and extent of documentation depend on the circumstances of the engagement, the methodology and tools used, and the accountant's professional judgment. The accountant's documentation should include the following:

- a. The engagement letter documenting the understanding with the client
- b. Any findings or issues that, in the accountant's judgment, are significant (for example, the results of compilation procedures that indicate that the financial statements could be materially misstated, including actions taken to address such findings and, to the extent that the accountant had any questions or concerns as a result of his or her compilation procedures, how those issues were resolved)
- c. Communications, whether oral or written, to the appropriate level of management regarding fraud or illegal acts that come to the accountant's attention

Reporting on the Financial Statements

.16 When the accountant is engaged to report on compiled financial statements or submits financial statements that are reasonably expected to be used by a third party, the financial statements should be accompanied by a written report. The accountant's objective in reporting on the financial statements is to prevent misinterpretation of the degree of responsibility the accountant is assuming when his or her name is associated with the financial statements.

.17 The basic elements of the report are as follows:

- a. *Title.* The accountant's compilation report should have a title that clearly indicates that it is the accountant's compilation report. The accountant may indicate that he or she is independent in the title, if applicable. Appropriate titles would be "Accountant's Compilation Report" or "Independent Accountant's Compilation Report."
- b. *Addressee.* The accountant's report should be addressed as appropriate in the circumstances of the engagement.
- c. *Introductory paragraph.* The introductory paragraph in the accountant's report should
 - i. identify the entity whose financial statements have been compiled;
 - ii. state that the financial statements have been compiled;
 - iii. identify the financial statements that have been compiled;
 - iv. specify the date or period covered by the financial statements; and
 - v. include a statement that the accountant has not audited or reviewed the financial statements and, accordingly, does not express an opinion or provide any assurance about whether the financial statements are in accordance with the applicable financial reporting framework.
- d. *Management's responsibility for the financial statements and for internal control over financial reporting.* A statement that

management (owners) is (are) responsible for the preparation and fair presentation of the financial statements in accordance with the applicable financial reporting framework and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

- e. *Accountant's responsibility.* A statement that the accountant's responsibility is to conduct the compilation in accordance with SSARSs issued by the AICPA.

A statement that the objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

- f. *Signature of the accountant.* The manual or printed signature of the accounting firm or the accountant, as appropriate.
- g. *Date of the accountant's report.* The date of the compilation report (the date of completion of the compilation should be used as the date of the accountant's report).

Procedures that the accountant might have performed as part of the compilation engagement should not be described in the report.

See Compilation Exhibit B, "Illustrative Compilation Reports," for illustrative compilation reports.

.18 Each page of the financial statements compiled by the accountant should include a reference, such as "See accountant's compilation report" or "See independent accountant's compilation report."

.19 Financial statements prepared in accordance with an other comprehensive basis of accounting (OCBOA) are not considered appropriate in form unless the financial statements include

- a. a description of the OCBOA, including a summary of significant accounting policies and a description of the primary differences from generally accepted accounting principles (GAAP). The effects of the differences need not be quantified.
- b. informative disclosures similar to those required by GAAP if the financial statements contain items that are the same as, or similar to, those in financial statements prepared in accordance with GAAP.

Reporting on Financial Statements That Omit Substantially All Disclosures

.20 An entity may request the accountant to compile financial statements that omit substantially all the disclosures required by an applicable financial reporting framework, including disclosures that might appear in the body of the financial statements.⁵ The accountant may compile such financial statements, provided that the omission of substantially all disclosures is not, to his or her knowledge, undertaken with the intention of misleading those who might reasonably be expected to use such financial statements. When reporting

⁵ See paragraphs .27–.29 for the accountant's responsibilities when he or she is aware of other departures from an applicable financial reporting framework. However, see section 300, *Compilation Reports on Financial Statements Included in Certain Prescribed Forms*, for guidance when such financial statements are included in a prescribed form, and the prescribed form or related instructions do not request the disclosures required by an applicable financial reporting framework.

on financial statements that omit substantially all disclosures, the accountant should include, after the paragraph describing the accountant's responsibility, a paragraph in the compilation report that includes the following elements:

- a. A statement that management has elected to omit substantially all the disclosures (and the statement of cash flows, if applicable) required by the applicable financial reporting framework (or ordinarily included in the financial statements if the financial statements are prepared in accordance with an OCBOA)
- b. A statement that if the omitted disclosures (and statement of cash flows, if applicable) were included in the financial statements, they might influence the user's conclusions about the company's financial position, results of operations, and cash flows (or equivalent for presentations other than accounting principles generally accepted in the United States of America)
- c. A statement that, accordingly, the financial statements are not designed for those who are not informed about such matters

When the entity wishes to include disclosures about only a few matters in the form of notes to such financial statements, such disclosures should be labeled "Selected Information—Substantially All Disclosures Required by [identify the applicable financial reporting framework (for example "Accepted Accounting Principles Generally Accepted in the United States of America")] Are Not Included."

See Compilation Exhibit B for examples of compilation reports when substantially all disclosures required by an applicable financial reporting framework are omitted.

Reporting When the Accountant Is Not Independent

.21 When the accountant is issuing a report with respect to a compilation of financial statements for an entity, with respect to which the accountant is not independent, the accountant's report should be modified. In making a judgment about whether he or she is independent, the accountant should be guided by the AICPA's Code of Professional Conduct. The accountant should indicate his or her lack of independence in a final paragraph of the accountant's compilation report. An example of such a disclosure would be

I am (We are) not independent with respect to XYZ Company.

The accountant is not precluded from disclosing a description about the reason(s) that his or her independence is impaired. The following are examples of descriptions the accountant may use:

- a. I am (We are) not independent with respect to XYZ Company as of and for the year ended December 31, 20XX, because I (a member of the engagement team) had a direct financial interest in XYZ Company;
- b. I am (We are) not independent with respect to XYZ Company as of and for the year ended December 31, 20XX, because an individual of my immediate family (an immediate family member of one of the members of the engagement team) was employed by XYZ Company; or
- c. I am (We are) not independent with respect to XYZ Company as of and for the year ended December 31, 20XX, because I (we) performed certain accounting services (the accountant may include a specific description of those services) that impaired my (our) independence.

EXHIBIT 2

P-B Health Home Care Agency, Inc.

Financial Statements and Independent Accountants' Compilation Report

For the year ended December 31, 2015

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Supplemental Schedule – General & Administrative Expenses	7



MOSES ALADE & Associates

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT ACCOUNTANTS' COMPILATION REPORT

To Management
P-B Health Home Care Agency, Inc.
Baltimore, MD

Management is responsible for the accompanying financial statements of P-B Health Home Care Agency, Inc. (a corporation), which comprise the balance sheet as of December 31, 2015, and the related statements of income, changes in stockholders equity, and cash flows for the year then ended in accordance with principles generally accepted in the United States of America. We have performed compilation engagements in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance of these financial statements.

Management has elected to omit substantially all of the disclosures ordinarily included in financial statements prepared in accordance with the accounting principles generally accepted in the United States of America. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Company's assets, liabilities, equity, revenue, and expenses. Accordingly, the financial statements are not designed for those who are not informed about such matters.

Moses Alade & Associates

Moses Alade & Associates

July 6, 2017

P-B HEALTH HOME CARE AGENCY, INC
BALANCE SHEET
As of December 31, 2015

ASSETS

CURRENT ASSETS

Cash	\$ 291,966
Accounts receivable	1,593,666

TOTAL CURRENT ASSETS	1,885,632
----------------------	-----------

PROPERTY AND EQUIPMENT, NET	<u>109,901</u>
-----------------------------	----------------

OTHER ASSETS

Deferred Income Tax Benefit	<u>211,265</u>
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TOTAL OTHER ASSETS	<u>211,265</u>
--------------------	----------------

TOTAL ASSETS	<u><u>\$ 2,206,798</u></u>
--------------	----------------------------

LIABILITIES AND STOCKHOLDER'S EQUITY

CURRENT LIABILITIES

Accounts payable	\$ 38,720
Accrued liabilities	1,198,548
Note payable - current portion	<u>173,116</u>

TOTAL CURRENT LIABILITIES	<u>1,410,383</u>
---------------------------	------------------

LONG-TERM LIABILITIES

Due to officer	502,225
Deferred compensation	158,909

TOTAL LONG-TERM LIABILITIES	<u>661,134</u>
-----------------------------	----------------

TOTAL LIABILITIES	<u>2,071,517</u>
-------------------	------------------

STOCKHOLDER'S EQUITY

Common stock; \$1 par value; 100 shares authorized, issued, and outstanding	100
Additional paid-in capital	400,803
Retained Earnings	<u>(265,622)</u>

TOTAL STOCKHOLDERS' EQUITY	<u>135,281</u>
----------------------------	----------------

TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY	<u><u>\$ 2,206,798</u></u>
--	----------------------------

P-B HEALTH HOME CARE AGENCY, INC.
STATEMENTS OF INCOME
For the period Ended December 31, 2015

REVENUES	
Medicare reimbursements, net	\$ 4,571,937
Commercial services, net	1,279,251
Private care, net	<u>1,006,246</u>
TOTAL REVENUES	6,857,433
COST OF REVENUES	<u>(3,051,966)</u>
GROSS PROFIT	3,805,468
OPERATING EXPENSES	
Selling	21,330
General and administrative	<u>3,322,171</u>
TOTAL OPERATING EXPENSES	<u>3,343,502</u>
INCOME FROM OPERATIONS	461,966
OTHER REVENUES	
Refunds	<u>1,214</u>
OTHER EXPENSES	
Interest expense	<u>(51,104)</u>
NET INCOME BEFORE INCOME TAXES	412,076
INCOME TAX EXPENSE	<u>(103,661)</u>
NET INCOME	<u>\$ 308,415</u>

P-B HEALTH HOME CARE AGENCY, INC.
STATEMENT OF CASH FLOWS
For the Period Ended December 31, 2015

CASH FLOWS FROM OPERATING ACTIVITIES	
Net income	\$ 308,415
Adjustments to reconcile net income to net cash used by operating activities	
Depreciation	23,390
Change in operating assets and liabilities	
(Increase) decrease in operating assets	
Accounts receivable	(360,000)
Deferred Income Tax	103,661
Increase (decrease) in operating liabilities	
Accounts payable	17,939
Accrued liabilities	73,716
NET CASH PROVIDED FROM OPERATING ACTIVITIES	<u>167,120</u>
CASH FLOWS FROM INVESTING ACTIVITIES	
NET CASH USED BY INVESTING ACTIVITIES	<u>-</u>
CASH FLOWS FROM FINANCING ACTIVITIES	
Principal repayments on note payable	(72,583)
Deferred Compensation - Owners	(41,954)
NET CASH USED BY FINANCING ACTIVITIES	<u>(114,537)</u>
NET INCREASE IN CASH	52,583
CASH AT BEGINNING OF YEAR	<u>239,383</u>
CASH AT END OF YEAR	<u><u>\$ 291,966</u></u>

P-B HEALTH HOME CARE AGENCY, INC
STATEMENT OF CHANGES IN STOCKHOLDER'S DEFICIT
For the Period Ended December 31, 2015

COMMON STOCK

Balance at beginning and end of year	\$ 100
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Balance at end of year	100
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ADDITIONAL PAID-IN CAPITAL

Balance at beginning of year	400,803
------------------------------	---------

Balance at end of year	400,803
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ACCUMULATED DEFICIT

Balance at beginning of year	
As previously stated	(574,037)

Balance at beginning of year, as restated	(574,037)
---	-----------

Net income for the year	308,415
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Balance at end of year	\$ (265,622)
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P-B HEALTH HOME CARE AGENCY, INC.
COST OF REVENUES
For the Period Ended December 31, 2015

Cost of Revenue

Salaries and wages	\$ 4,290,418
G&A Salaries	<u>(2,017,339)</u>
Direct Salaries	2,273,079
Payroll taxes	377,430
G&A Payroll taxes	<u>(163,395)</u>
Direct Payroll taxes	214,035
Employee benefits	115,097
G&A Employee benefits	<u>(57,477)</u>
Direct Employee Benefits	57,620
Contracted services	400,285
Medical supplies	73,241
Training and Professional Development	<u>33,705</u>
	<u><u>\$ 3,051,966</u></u>

P-B HEALTH HOME CARE AGENCY, INC.
GENERAL&ADMINISTRATIVE EXPENSES
For the Period Ended December 31, 2015

General & Admisnitrative expenses

G&A Salaries	\$ 2,017,339
G&A Payroll Taxes	163,395
G&A employee benefits	57,477
Rent and Utilities	186,912
Communication	183,202
Professional fees	66,198
Miscellaneous	117,969
Insurance	134,010
Equipment lease	56,523
Recruitment	6,887
Automobile	55,349
Repairs and Maintenance	39,894
Personal Property Taxes	16,715
Depreciation	23,390
Due and subscriptions	22,544
Printing & Production	10,776
Meetings	6,287
Postage & Delivery	5,626
Licenses & permits	7,261
Bank Fees	<u>2,220</u>
	<u>\$ 3,322,171</u>

EXHIBIT 3

P-B Health Home Care Agency, Inc.

Financial Statements and Independent Accountants' Compilation Report

For the year ended December 31, 2016

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MOSES ALADE & Associates

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT ACCOUNTANTS' COMPILATION REPORT

To Management
P-B Health Home Care Agency, Inc.
Baltimore, MD

Management is responsible for the accompanying financial statements of P-B Health Home Care Agency, Inc. (a corporation), which comprise the balance sheet as of December 31, 2016, and the related statements of income, changes in stockholders equity, and cash flows for the year then ended in accordance with principles generally accepted in the United States of America. We have performed compilation engagements in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance of these financial statements.

Management has elected to omit substantially all of the disclosures ordinarily included in financial statements prepared in accordance with the accounting principles generally accepted in the United States of America. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Company's assets, liabilities, equity, revenue, and expenses. Accordingly, the financial statements are not designed for those who are not informed about such matters.

Moses Alade & Associates

Moses Alade & Associates

July 6, 2017

P-B HEALTH HOME CARE AGENCY, INC
BALANCE SHEET
As of December 31, 2016

ASSETS

CURRENT ASSETS

Cash	\$ 270,265
Accounts receivable	1,615,903

TOTAL CURRENT ASSETS	1,886,168
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PROPERTY AND EQUIPMENT, NET	<u>119,761</u>
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OTHER ASSETS

Deferred Income Tax Benefit	235,874
Other	<u>666</u>

TOTAL OTHER ASSETS	<u>236,540</u>
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TOTAL ASSETS	<u><u>\$ 2,242,469</u></u>
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LIABILITIES AND STOCKHOLDER'S EQUITY

CURRENT LIABILITIES

Accounts payable	\$ 11,020
Accrued liabilities	1,401,900
Note payable - current portion	<u>173,116</u>

TOTAL CURRENT LIABILITIES	<u>1,586,036</u>
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LONG-TERM LIABILITIES

Due to officer	502,225
Deferred compensation	112,847

TOTAL LONG-TERM LIABILITIES	<u>615,072</u>
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TOTAL LIABILITIES	<u>2,201,107</u>
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STOCKHOLDER'S EQUITY

Common stock; \$1 par value; 100 shares authorized, issued, and outstanding	100
Additional paid-in capital	400,803
Retained Earnings	<u>(359,541)</u>

TOTAL STOCKHOLDERS' EQUITY	<u>41,362</u>
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TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY	<u><u>\$ 2,242,469</u></u>
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P-B HEALTH HOME CARE AGENCY, INC.
STATEMENTS OF INCOME
For the period ended December 31, 2016

REVENUES	
Medicare reimbursements, net	\$ 4,433,573
Commercial services, net	1,095,181
Private care, net	<u>758,171</u>
TOTAL REVENUES	6,286,924
COST OF REVENUES	<u>(2,888,198)</u>
GROSS PROFIT	3,398,726
OPERATING EXPENSES	
Selling	19,611
General and administrative	<u>3,460,715</u>
TOTAL OPERATING EXPENSES	<u>3,480,325</u>
INCOME FROM OPERATIONS	(81,599)
OTHER REVENUES	
Refunds	<u>14,496</u>
OTHER EXPENSES	
Interest expense	<u>(52,678)</u>
NET INCOME BEFORE INCOME TAXES	(119,780)
INCOME TAX BENEFIT	24,609
NET INCOME	<u>\$ (95,171)</u>

P-B HEALTH HOME CARE AGENCY, INC.
STATEMENT OF CASH FLOWS
For the Period Ended December 31, 2016

CASH FLOWS FROM OPERATING ACTIVITIES	
Net income	\$ (95,171)
Adjustments to reconcile net income to net cash used by operating activities	
Depreciation	27,401
Change in operating assets and liabilities	
(Increase) decrease in operating assets	
Accounts receivable	(22,237)
Deferred Tax Asset	(24,609)
Other Asset	(666)
Prior Period Adjustment	1,252
Increase (decrease) in operating liabilities	
Accounts payable	(27,699)
Accrued liabilities	203,352
NET CASH PROVIDED FROM OPERATING ACTIVITIES	<u>61,622</u>
CASH FLOWS FROM INVESTING ACTIVITIES	
Acquisition of property	<u>(37,262)</u>
NET CASH USED BY INVESTING ACTIVITIES	<u>(37,262)</u>
CASH FLOWS FROM FINANCING ACTIVITIES	
Deferred Compensation - Owners	<u>(46,062)</u>
NET CASH USED BY FINANCING ACTIVITIES	<u>(46,062)</u>
NET INCREASE IN CASH	(21,701)
CASH AT BEGINNING OF YEAR	<u>291,966</u>
CASH AT END OF YEAR	<u><u>\$ 270,264</u></u>

P-B HEALTH HOME CARE AGENCY, INC.
STATEMENT OF CHANGES IN STOCKHOLDER'S DEFICIT
For the Period Ended December 31, 2016

COMMON STOCK

Balance at beginning and end of year	<u>\$</u>	<u>100</u>
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Balance at end of year		<u><u>100</u></u>
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ADDITIONAL PAID-IN CAPITAL

Balance at beginning of year		<u>400,803</u>
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Balance at end of year		<u><u>400,803</u></u>
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ACCUMULATED DEFICIT

Balance at beginning of year		
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As previously stated		(265,622)
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Prior period adjustment		<u>1,252</u>
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Balance at beginning of year, as restated		(264,370)
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Net income for the year		<u>(95,171)</u>
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Balance at end of year	<u>\$</u>	<u><u>(359,541)</u></u>
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P-B HEALTH HOME CARE AGENCY, INC.
 COST OF REVENUES
 For the Period Ended December 31, 2016

	<u>12/31/2016</u>
Cost of Revenue	
Salaries and wages	\$ 4,231,312
G&A Salaries	<u>(2,165,502)</u>
Direct Salaries	2,065,809
Payroll taxes	370,224
G&A Payroll taxes	<u>(176,275)</u>
Direct Payroll taxes	193,949
Employee benefits	132,702
G&A Employee benefits	<u>(52,347)</u>
Direct Employee Benefits	80,355
Contracted services	433,214
Medical supplies	81,074
Training and Professional Development	<u>33,797</u>
	<u><u>\$ 2,888,198</u></u>

P-B HEALTH HOME CARE AGENCY, INC.
GENERAL ADMINISTRATIVE EXPENSES
For the Period Ended December 31, 2016

General & Administrative expenses

G&A Salaries	\$ 2,165,502
G&A Payroll Taxes	176,275
G&A employee benefits	52,347
Rent and Utilities	191,732
Communication	176,594
Professional fees	147,090
Miscellaneous	67,474
Insurance	128,903
Equipment lease	54,173
Recruitment	6,951
Automobile	68,943
Repairs and Maintenance	48,154
Personal Property Taxes	30,891
Depreciation	27,401
Due and subscriptions	20,128
Printing & Production	15,237
Meetings	4,773
Postage & Delivery	5,496
Supplies	63,001
Licenses & permits	5,706
Bank Fees	3,943
	<hr/>
	\$ 3,460,715
	<hr/>

EXHIBIT 4

From: Lena Woody [<mailto:woodyl@p-bhealth.com>]

Sent: Monday, June 12, 2017 3:55 PM

To: 'Doyle, Jennifer'; Karen Smith; Olayinka Oladimeji; Jackie Bailey; Lorraine Tillman; Lena Woody

Cc: 'Eugene.Nuccio@ucdenver.edu'; 'Roczen, Marisa'; 'Starr, Raven M'

Subject: RE: Improvement in Ambulation and Locomotion

Importance: High

Good afternoon Jennifer,

You are very welcome and thank you as well. Our clinical team will be available this Thursday, June 15th from 2:30pm – 3:00pm as this time works well for the team. We look forward to speaking with you and your colleagues.

Regards,

Lena Woody
Manager of Special Projects
Finance
P-B Health Home Care Agency, Inc
2535 St. Paul Street
Baltimore, Maryland 21218
410-235-1060 x148
410-235-1309 -fax

From: Doyle, Jennifer [<mailto:jennifer.doyle@Lewin.com>]

Sent: Monday, June 12, 2017 1:56 PM

To: woodyl@p-bhealth.com

Cc: 'Eugene.Nuccio@ucdenver.edu'; Roczen, Marisa; Starr, Raven M

Subject: RE: Improvement in Ambulation and Locomotion

Hi Lena,

Thank you so much for sharing your perspective with us! We would welcome the opportunity to speak with you further regarding your best practices. Would you be willing to speak with us for 30-minutes sometime this week? I have included some times below so please let me know which times work for you.

- Thursday, 6/15- 1:30 to 4:30ET
- Friday, 6/16-11am-4:30PM

We look forward to hearing from you!
Jenny

Jennifer Doyle | MHA | PMP

Senior Consultant | The Lewin Group
3130 Fairview Park Drive, Suite 500
Falls Church VA 22042
(O): (703)-269-6069 | (C): (703)-304-1248
jennifer.doyle@lewin.com



From: Lena Woody [<mailto:woodyl@p-bhealth.com>]
Sent: Wednesday, June 07, 2017 1:11 PM
To: HHVBPTA <HHVBPTA@Lewin.com>
Cc: Karen Smith <smithk@p-bhealth.com>; Olayinka Oladimeji <oladimeji@p-bhealth.com>; Lori Krausz <krauszl@p-bhealth.com>; Jackie Bailey <baileyj@p-bhealth.com>; Cleo Lytle <lytlec@p-bhealth.com>; Arveta Dandridge <dandridgea@p-bhealth.com>; Lorraine Tillman <moorel@p-bhealth.com>; Stephan Lieske <lieskes@p-bhealth.com>; Meredith Phillips <phillipsm@p-bhealth.com>
Subject: Improvement in Ambulation and Locomotion
Importance: High

Good afternoon,

Thank you for selecting P-B Health Home Care Agency, Inc. to share some of our clinical and operational practices that contributed to our performance on this measure "Improvement in Ambulation and Locomotion."

Below are just a few items we came up with that works well for our agency.

- 1.) Understanding how to answer OASIS questions correctly. (This comes with proper orientation and continued in-services on the OASIS).
- 2.) During initial assessment nursing staff requesting therapy for fall risk patients; conferences between team to assure therapist evaluation and start of care of done timely.
- 3.) Utilizing SHP which gives us daily feedback and alerts
- 4.) Continued staff in-services and 1 on 1 counseling with clinicians to trouble shoot areas that we may begin to see as a possible red flag.
- 5.) Review of the OASIS start of care documentation when doing OASIS discharge.

Again, these are just a few of the clinical and operational practices that P-B Health contributes to our performance on this measure "Improvement in Ambulation and Locomotion."

Thank you again,

Lena Woody
Manager of Special Projects
Finance
P-B Health Home Care Agency, Inc
2535 St. Paul Street
Baltimore, Maryland 21218
410-235-1060 x148
410-235-1309 -fax

***** IMPORTANT - PLEASE READ *****

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e-mail is prohibited. If you have received this e-mail in error, please notify the sender by replying to this message and delete this e-mail immediately.

EXHIBIT 5



Real-Time VBP Total Performance Score

(217134) P-B HEALTH HOME CARE

May 2017

Report Date: 6/30/2017

Value Based Purchasing (VBP) Measures	Your Current Period SHP Score (06/2016 - 05/2017)	2015 CMS State (MD)		Your 2015 CMS Baseline	Points			Your Point Based % Rank (MD)
		Threshold (Median)	Benchmark (90th% Avg)		Achievement	Improvement	Current Care Points	
Improvement in Pain (Risk Adj)	86.31%	● 71.99%	● 84.48%	● 76.30%	10.00	10.00	10.00	n=37 99%
Improvement in Bed Transferring (Risk Adj)	79.67%	● 63.95%	● 77.78%	● 60.70%	10.00	10.00	10.00	n=37 99%
Discharge to Community (Risk Adj)	69.15%	72.19%	82.11%	● 67.52%	0.00	0.62	0.62	n=37 20%
Improvement in Ambulation (Risk Adj)	86.07%	● 67.43%	● 77.11%	● 66.70%	10.00	10.00	10.00	n=37 99%
Flu Vaccine Received	91.94%	● 73.88%	● 87.99%	● 51.40%	10.00	10.00	10.00	n=37 99%
Improvement in Mgmt of Oral Meds (Risk Adj)	73.51%	● 58.72%	73.80%	● 64.60%	9.33	9.19	9.33	n=37 86%
Improvement in Dyspnea (Risk Adj)	89.32%	● 78.28%	● 85.50%	● 81.00%	10.00	10.00	10.00	n=37 99%
Drug Education All Meds	99.76%	● 97.65%	99.90%	● 96.80%	8.96	9.06	9.06	n=37 73%
PPV Received	89.91%	● 78.96%	92.85%	● 59.30%	7.60	8.62	8.62	n=37 86%
Improvement in Bathing (Risk Adj)	82.89%	● 71.36%	● 81.02%	● 70.80%	10.00	10.00	10.00	n=37 99%
60-Day EC without Hospitalizations	13.50% (HHC 04/17)	12.26%	8.39%	12.60%	0.00	0.00	0.00	n=37 43%
60-Day Hospitalizations	15.76%	● 16.09%	11.84%	● 20.20%	1.21	4.82	4.82	n=37 65%
Care of Patients	79.19%	88.48%	93.61%	80.00%	0.00	0.00	0.00	n=29 31%
Communications	77.59%	86.75%	91.65%	79.00%	0.00	0.00	0.00	n=29 25%
Specific Care Issues	79.13%	83.33%	91.69%	● 72.00%	0.00	3.12	3.12	n=29 65%
% who Rated Agency 9,10	67.53%	85.72%	92.68%	70.00%	0.00	0.00	0.00	n=29 38%
% who would Recommend	58.39%	79.32%	89.31%	60.00%	0.00	0.00	0.00	n=29 42%
Raw Total Points (RTP):							95.57	AMFWS % Rank (MD) 59%
Total Applicable Measure Points (RTP/AM) x 10:							56.22	
Applicable Measure Final Weighted Score (AMFWS):							50.60	
New Measure Final Weighted Score (NMFWS):							10.00	TPS % Rank (MD) 59%
Total Performance Score (TPS):							60.60	

VBP New Measures (Self-Reported)

Flu Vaccine - HH Personnel	(# of reported measures x 10)
Herpes Zoster Vaccination	# of reported measures
Advanced Care Planning	Compliance assumed for all agencies, all measures.

Achievement Points - Based on your current period score compared to CMS 2015 state baseline Threshold (median) & Benchmark (90th % avg) scores.
- If performance > CMS Benchmark, 10 points awarded, if < CMS Threshold, 0 points awarded.

$$9 \times \left(\frac{\text{Your Current Period Score} - \text{CMS 2015 Threshold}}{\text{CMS 2015 Benchmark} - \text{CMS 2015 Threshold}} \right) + 0.5$$

Improvement Points - Based on your current period score compared to your 2015 score.
- If performance > CMS Benchmark, 10 points possible, if ≤ You CMS Baseline, 0 points awarded.
[User Guide with Complete TPS Calculation](#)

$$10 \times \left(\frac{\text{Your Current Period Score} - \text{Your 2015 CMS Baseline}}{\text{CMS 2015 Benchmark} - \text{Your 2015 CMS Baseline}} \right) - 0.5$$

Current Care Points - Only the higher point value (Achievement/Improvement) for each measure is included in the Total Performance Score (TPS) calculation.

Outcome Measure Process Measure Patient Experience (CAHPS) Measure

● 2015 Baseline scores that you have out performed in the current period

Your Percentile Ranking

<10%	10-20%	20%-40%	40-60%	60-80%	80-90%	>90%
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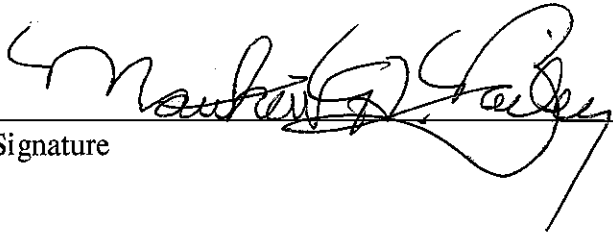
EXHIBIT 6

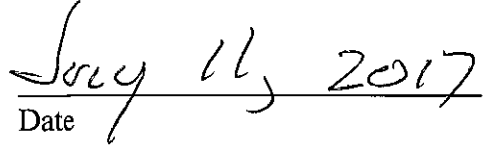
I hereby declare and affirm under the penalties of perjury that the facts stated in this Completeness and Additional Information response are true and correct to the best of my knowledge, information, and belief.

Jackie Bailey
Signature

7/11/2017
Date

I hereby declare and affirm under the penalties of perjury that the facts stated in this Completeness and Additional Information response are true and correct to the best of my knowledge, information, and belief.


Signature


Date