

# 2011 Annual Report



## A Framework Forward: Shaping Arizona Health IT



Arizona  
**Health-e**  
Connection

*Advancing health and wellness  
through information technology*



Arizona Health-e Connection (AzHeC) is a public-private partnership that improves health and wellness by advancing the secure and private sharing of electronic health information. A statewide non-profit, AzHeC drives the adoption and optimization of health information technology (HIT) and health information exchange (HIE).

Communicate. Collaborate. Coordinate. That is what AzHeC does through its primary areas of service:

- Serving as an educator and clearinghouse for health IT information;
- Researching, developing and advocating statewide health IT policies; and
- Leading and supporting provider adoption of health information technology and exchange.

### Core Principles of Community Collaboration

These core principles created Arizona Health-e Connection and still drive the organization today:

- Advocating and advancing secure and private health IT;
- Creating a health information infrastructure for Arizona through a public-private partnership of all health care, business and government stakeholders; and
- Governing and funding this partnership through a broad representation of organizations, companies and individuals across the state.



## 2011 Annual Report

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## A Framework Forward: Shaping Arizona Health IT

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## from the Chairman of the Board and Chief Executive Officer

We are pleased to provide to you *A Framework Forward: Shaping Arizona Health IT*, Arizona Health-e Connection's 2011 Annual Report. We would like first to thank Benton Davis for his service as Chairman of the Board and David Landrith for his service as interim Chairman and for his health IT public policy leadership in the state. This report is intended to provide highlights and accomplishments of 2011, and also outline how these achievements have helped develop a framework for the future of improved health care quality and efficiency through an Arizona health IT infrastructure.

As the public-private partnership that drives the adoption and advancement of health IT in Arizona, we have been pleased to lead and collaborate in the achievement of several key milestones first envisioned in the August 2005 gubernatorial executive order and subsequent community collaboration that developed a Roadmap for a health IT infrastructure in the state. In April of 2010, AzHeC was awarded a \$10.8 million grant – later increased to \$11.5 million due to an expansion in scope – by the Office of the National Coordinator for Health Information Technology (ONC) to develop the Arizona Regional Extension Center (REC) to assist providers in adopting electronic health records (EHRs) and achieving Meaningful Use. After some initial work in 2010, the real work of recruiting the grant goal of 1,958 primary care providers began in earnest in 2011. Through a successful roadshow campaign in the spring of 2011, the 1,000 member plateau was reached by July 2011. By the end of the year, the 1,958 goal was within reach and was achieved by February 2012.

Here is a brief summary of some key health IT milestones of AzHeC in 2011:

- Growth of REC membership toward achievement of the provider recruitment goal of 1,958 members – all but a handful of REC members joined in 2011 through a successful statewide campaign.
- Achievement of Stage 1 Meaningful Use by REC members – under the Medicare and Medicaid EHR Incentive Programs, many REC members successfully attested to the program requirements and qualified for incentive payments. In Arizona, as of January 2012, 392 providers had received over \$7 million in Medicare EHR Incentive payments, and as of March 2012, 234 providers had received approximately \$4.8 million in Medicaid EHR Incentive payments through the AHCCCS program.
- Passage of House Bill 2620 (HB 2620) which removed barriers to health information exchange (HIE), created regulations for health information organizations (HIOs), and reinforced patient privacy related to HIE – AzHeC played a key role in organizing community consensus and support for the legislation.
- Development of the REC Vendor Alliance Program – through an application and review process, qualified EHR and non-EHR vendors are now available to REC members, who benefit from this unbiased and trusted resource of the REC.

We would like to thank the many individuals and organizations who have collaborated with us in advancing health IT in the state. We would also like to thank our Board of Directors and the health care and business communities they represent. Through this strong support, AzHeC is making real tangible progress in creating a framework to improve health care quality and efficiency through health IT.

Sincerely,

David A. Dexter  
Chairman of the Board

Melissa A. Rutala  
Chief Executive Officer



David A. Dexter  
Chairman of the Board



Melissa A. Rutala  
Chief Executive Officer



	Board Allocation	Board Organization	Board Member
<b>Permanent</b>	The Governor of Arizona	Governor's Office	<b>Don Hughes</b> , Health Care Policy Advisor
	Arizona Health Care Cost Containment System (AHCCCS)	AHCCCS	<b>Thomas J. Betlach</b> , Director
	Arizona Department of Health Services (ADHS)	ADHS	<b>Janet Mullen</b> , Deputy Director
	Arizona Department of Administration (ADOA)	ADOA	<b>Aaron Sandeen</b> , State CIO & Deputy Director
	Arizona Hospital & Healthcare Association (AzHHA)	AzHHA	<b>Laurie Liles</b> , President & CEO
	Arizona Medical Association (ArMA)	ArMA	<b>David Landrith</b> , Vice President, Policy & Political Affairs
	Arizona Osteopathic Medical Association (AOMA)	AOMA	<b>Amanda Weaver</b> , Executive Director
<b>Non-Permanent</b>	Health Plans	Blue Cross Blue Shield of Arizona CIGNA Humana  Schaller Anderson, An Aetna Company	<b>Sue Navran</b> , Executive VP, Internal Operations <b>James Burrell, III</b> , MD, CMO <b>Charles Cox</b> , MD, VP & Market Medical Officer, Western Region <b>Thomas Kelly</b> , President
	Hospitals	Banner Health Maricopa Integrated Health System	<b>Michael Warden</b> , Senior VP & CIO <b>David Kempson</b> , VP & CIO
	Employers	Arizona Chamber of Commerce & Industry Intel	<b>Suzanne Kinney</b> , Senior VP, Public Policy <b>Celeste Fralick</b> , Staff Architect & Principal Engineer
	Higher Education	Arizona State University	<b>William G. Johnson</b> , PhD, Professor, Biomedical Informatics
	Laboratory	Sonora Quest Laboratories	<b>David Dexter</b> , President & CEO
	Pharmacy	Arizona Pharmacy Association	<b>Kelly Ridgway</b> , CEO
	At-Large	Arizona Nurse Practitioners Council Banner Health Cardiovascular Consultants Cambiare, LLC Health Information Network of Arizona Health Services Advisory Group Indian Health Services Leading Age Arizona University of Arizona, College of Medicine Your Partners in Quality, LLC	<b>Erich Widemark</b> , PhD, Director of Nursing, University of Phoenix <b>Bruce Bethancourt</b> , MD <b>Andrei Damian</b> , MD, President <b>Anita Murcko</b> , MD, President & CEO <b>Kathy Byrne</b> , Co-Chair  <b>Mary Ellen Dalton</b> , CEO  <b>Keith Longie</b> , CIO, Phoenix Area <b>Genny Rose</b> , Executive Director <b>Ronald Weinstein</b> , MD, Founding Director, Arizona Telemedicine Program <b>Debra Nixon</b> , PhD



## Melissa A. Rutala, MPH

*Chief Executive Officer*

Melissa Rutala has worked at AzHeC since November 2007. Prior to her appointment as Chief Executive Officer, Ms. Rutala served as AzHeC's Associate Director for three years and then as the Director for the Arizona Regional Extension Center and the Acting Executive Director. Ms. Rutala is recognized as a results-driven leader with outstanding success managing and coordinating programs in a team environment and between multiple health care organizations to achieve organizational goals.

Ms. Rutala holds a Masters in Public Health from The George Washington University with a concentration in health policy, and a Bachelor of Arts from The University of North Carolina at Chapel Hill.



Melissa A. Rutala  
Chief Executive Officer

## Marion Davis, MPA

*Director, Finance & Administration*

## Connie K. Ihde

*Director, Regional Extension Center*

## Tom Reavis, APR

*Sr. Manager, Marketing & Communications*

## Travis J. Shank, MBA

*Sr. Manager, Operations & Development*

## April M. Bills

*Sr. Coordinator, Health Information Exchange*

## Leigh DiPace

*Provider Success Coordinator*

## Theresa McKinley

*Provider Success Coordinator*

## Barbara A. Frederick

*Grants Administrator*

## Ashley Siegel

*Marketing Coordinator*

## Brenda Hatfield

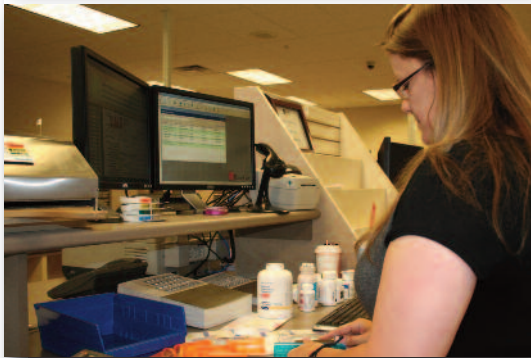
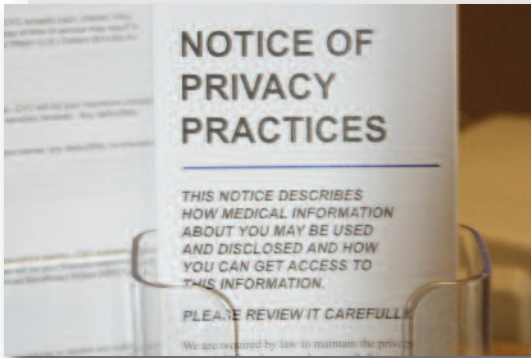
*Office Manager*

## AzHeC Organization Members

- |   |   |
|---|---|
| AHCCCS  | Cardiovascular Consultants                |
| Arizona Association of Community Health Centers | CIGNA                                     |
| Arizona Chamber of Commerce & Industry          | El Rio Community Health Center            |
| Arizona Department of Administration            | GateWay Community College                 |
| Arizona Department of Health Services           | Health Information Network of Arizona     |
| Arizona Governor's Office                       | Health Services Advisory Group            |
| Arizona Health Care Association                 | Humana                                    |
| Arizona Hospital and Healthcare Association     | Indian Health Services                    |
| Arizona Medical Association                     | Intel                                     |
| Arizona Nurse Practitioners Council             | Leading Age Arizona                       |
| Arizona Osteopathic Medical Association         | Maricopa Integrated Health System         |
| Arizona Pharmacy Association                    | Pima County Institutional Health          |
| Arizona State University                        | Schaller Anderson, an Aetna Company       |
| Banner Health                                   | Sonora Quest Laboratories                 |
| Blue Cross Blue Shield of Arizona               | University of Arizona College of Medicine |
| Bruce Bethancourt, MD                           | Your Partners in Quality, LLC             |
| Cambiare, LLC                                   |   |

## Individual Supporters

- |              |             |
|--------------|-------------|
| Harvey Simon | Norm Duve   |
| James Cramer | Robert Kaye |
| Janet Mar    | Russ Kuhn   |



At the heart of health IT are electronic health records (EHRs) and health information exchange (HIE). AzHeC is leading the advancement of EHRs and HIE in the state in order to improve health care quality and efficiency.

## Key Terms

- **Electronic Health Record (EHR)** – An EHR is more than just a computerized version of a patient’s paper chart. It’s a digital record of a patient’s health information that can provide a health care provider and team with comprehensive health information about a patient. Over time, it can allow providers to share important information, across different health care settings, while maintaining patient confidentiality in accordance with federal and state privacy and security requirements.
- **Personal Health Record (PHR)** – A PHR is an electronic application through which patients can maintain and manage their health information (and that of others for whom they are authorized) in a private, secure and confidential environment.
- **Health Information Exchange (HIE)** – HIE is the electronic movement of any and all health-related data according to an agreed-upon set of interoperability standards, processes and activities across non-affiliated organizations in a manner that protects the privacy and security of that data.
- **E-prescribing** – E-prescribing allows a provider to communicate directly and immediately with a patient’s pharmacy to send a prescription or a refill request. It can provide additional patient safety by preventing adverse drug-drug and drug-allergy combinations and it also allows patients to receive prescriptions more quickly and without having to take a paper prescription to the pharmacy.

## Key Benefits

### Benefits to clinicians:

- **Access to information:** Searchable data, no transcription delay, remote access, sharing information between providers, clinical decision support and easier patient follow up.
- **Revenue management:** Improved coding and charge capture, pay-for-performance eligibility, a shorter revenue cycle and business continuity/disaster recovery.
- **Workflow:** No searching for charts, easier billing.
- **Clinical decision support:** Easily accessible data that assists health care providers in ordering the appropriate tests and procedures.

### Benefits to clinicians:

- **Better quality care:** Improved coordination and continuity of care among providers.
- **Improved patient safety:** Fewer medical errors through better information and processes and the reduction or elimination of medication and drug errors through e-prescribing.
- **Reduced costs:** Fewer redundancies in tests and lower costs through improved clinical decision support.
- **Better public health:** Better community health by using EHRs to report aggregate data that can monitor community health issues such as flu epidemics and infectious disease and can address population.

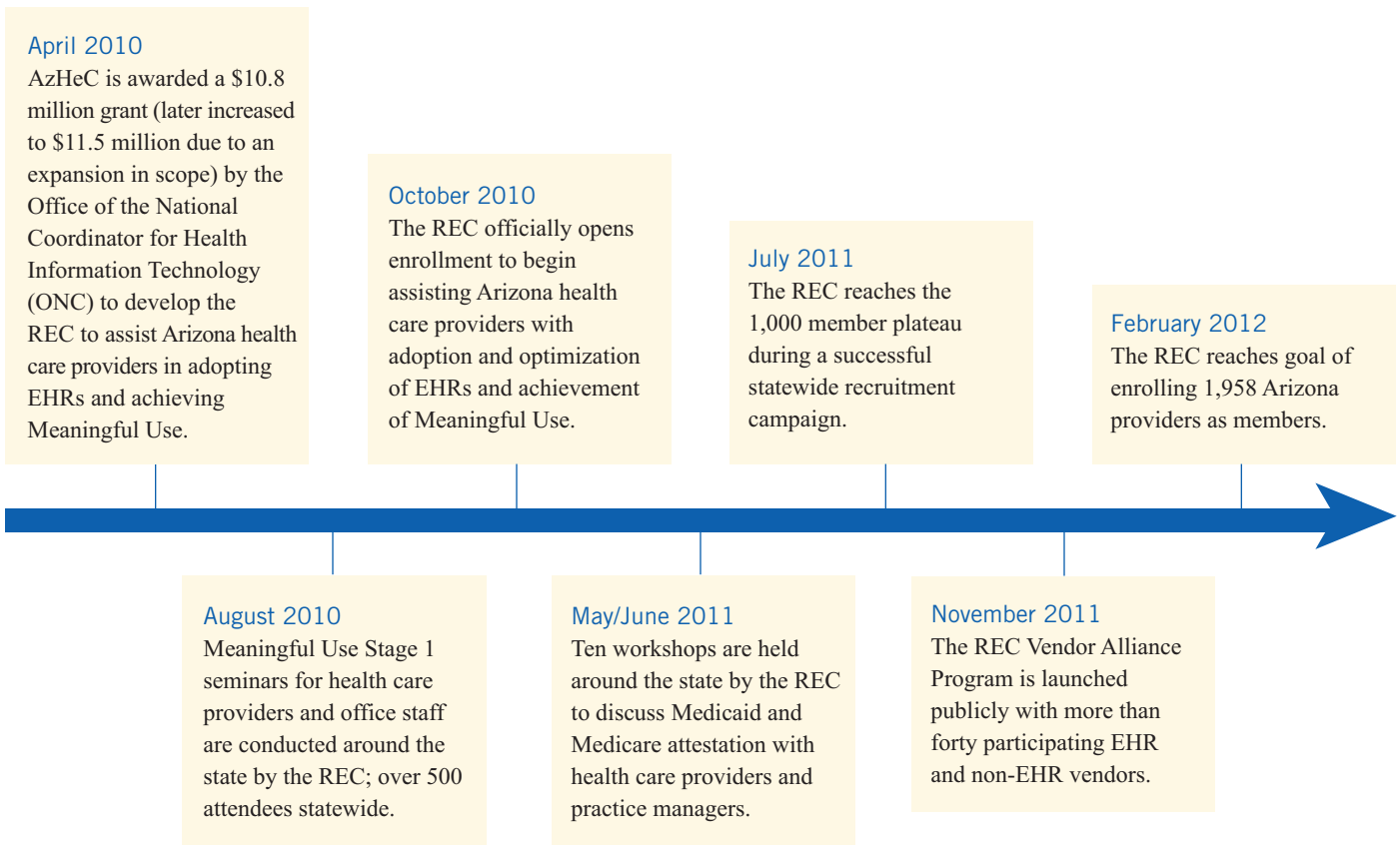


In April of 2010, AzHeC was awarded a \$10.8 million federal grant – later increased to \$11.5 million due to an expansion in scope – to create the Arizona Regional Extension Center (REC). After some research and preparation work in 2010, the REC ramped up its provider recruitment campaign in 2011 and nearly completed its recruitment goal of 1,958 providers in just one year, marking one of the fastest REC membership growths in the country. As one of 62 federally designated RECs nationwide to assist primary care providers with adoption and optimization of EHRs and achievement of Meaningful Use, the REC serves as an unbiased, trusted resource with national perspective and local expertise. Not only was 2011 a successful year in provider recruitment, it also was a very successful year in helping members achieve Meaningful Use of EHRs.

The Arizona REC now assists more than 2,300 Arizona primary care providers and hospitals with the adoption of EHRs and the achievement of Meaningful Use. In 2012 the REC plans to open membership to all provider practices, clinics and hospitals, connecting providers to the information and resources that meet their health IT and practice management needs, including:

- Guiding the best practices and use of health IT;
- Navigating related regulatory requirements; and
- Improving practice operations and quality through health IT.

**Health-e  
Connection**  
**Arizona Regional  
Extension Center**  
*A collaboration of  
AzHeC, ASU-BMI & HSAG*





Consider what it takes to make a phone call. It's not only the invention and innovations that make it possible; it's also the whole infrastructure, from phone lines and cell towers to the legal and regulatory framework. It is helpful to recall all that goes into making a phone call when considering what it takes for the successful and secure exchange of health information. By the end of 2011, Arizona was poised and ready to begin the implementation of statewide HIE. But, this was made possible by years of work to build an infrastructure to support HIE in the state.

First, like the telephone, an EHR is a critical and core communication device that makes HIE possible. AzHeC, through the REC, has been a leader in advancing the adoption of EHRs. It has also been a collaborative leader in developing a public policy infrastructure for HIE, including the passage of HB 2620 in 2011 that established HIE legislation in Arizona. Most importantly, AzHeC has been a collaborative leader in advancing and advocating the benefits of HIE and building an HIE infrastructure in the state.

## Arizona HIE Marketplace

With this background, the State HIE Cooperative Agreement program selected AzHeC in December 2011 to begin the development of the Arizona HIE Marketplace, a program to assist providers in identifying viable options for the secure exchange of health information. The first phase of the Marketplace involves a plan to offer approved health information service providers (HISPs) that facilitate Direct Exchange – secure messaging or secure e-mail between two trusted entities according to nationally recognized standards. After a review process of HISP vendors, AzHeC launched the first phase of the HIE Marketplace in April 2012, offering Direct Exchange to Arizona providers.

AzHeC also worked closely and collaboratively with the Health Information Network of Arizona (HINAz), the statewide HIO that will be providing robust exchange through a collaborative public-private partnership of health care stakeholders. Robust exchange is where comprehensive patient data is available via a secure platform that collects all patient data from providers and health care entities and where providers “pull” patient information from the platform as needed.

What type of exchange is appropriate depends on the needs and the network of the provider. For example, Direct Exchange offers an inexpensive way to send a patient referral or care summary from one provider to another. It also offers an easy way to exchange data with providers in other states. In robust exchange, a provider can see from one source all of a patient's health information - labs, radiology reports and hospital discharge notes. AzHeC has stressed through the HIE Marketplace that providers may use either or both types of exchange depending on the needs of their organization.

In addition to the HIE Marketplace, AzHeC has begun work to conduct an e-prescribing outreach and technical assistance initiative, also under the State HIE Cooperative Agreement program. E-prescribing adoption is already well underway due to AzHeC's leadership in Arizona's first e-prescribing initiative, called EAzRx, in 2009 and 2010, and due to the heavy penetration by chain pharmacies that have already adopted e-prescribing technology.



Since its inception in 2007, AzHeC has played a leading role in education and policy development in the state. 2011 was a very busy year. As part of a successful REC membership drive, the REC conducted a statewide roadshow campaign that included ten EHR adoption workshops and a number of presentations to smaller provider and practice staff meetings. In addition, AzHeC presented to a number of health care annual meetings and conferences, including meetings of the Arizona Association of Community Health Centers, the Arizona Chapter of the Medical Group Management Association, the Arizona Osteopathic Medical Association, the Arizona Chapter of the American Association of Pediatrics and the Arizona Rural Health Association.

AzHeC's educational and outreach capability was enhanced through a website redesign project begun in 2011. AzHeC's new website not only allows online event registration but also offers a resource guide for health IT abbreviations and key terms, provides valuable links to health IT organizations and displays a community calendar of key health IT events throughout the state. In 2011, for the fifth consecutive year, AzHeC hosted its premier regional health IT conference – the Western States Health-e Connection Summit & Trade Show, co-sponsored by the American Medical Informatics Association (AMIA), the Arizona chapter of the American Health Information Management Association (AzHIMA) and the Arizona chapter of the Healthcare Information and Management Systems Society (AzHIMSS).

2011 also marked a signature achievement in the development of a private and secure health IT infrastructure for Arizona with the passage of HB 2620. This legislation, supported in large part by a collaborative community effort lead by AzHeC, enables HIE in the state, allows any individual to “opt out” of participation in an HIO and strengthens patient privacy.



### Key features of HB 2620 include:

Arizona medical records laws were designed for paper medical records; therefore, the bill removes barriers to HIE. The legislation recommends the following changes:

- *The removal of barriers to HIE:* Permits providers and clinical laboratories to disclose information to health information organizations (HIOs) and ensures that providers and laboratories have in place HIPAA business associate agreements that protect the privacy of health information and subject an HIO to state and federal enforcement of privacy laws.
- *New Provisions to Regulate HIOs:* Allows any consumer to “opt out” of participating in an HIO, restricts how HIOs may use health information and requires HIOs to have policies in place to protect the privacy and security of the health information they handle.
- *Protection of Patient Privacy:* Leaves existing privacy protections in place, but expands the authority of the Arizona Attorney General by adding hospitals, clinical laboratories and HIO electronic databases to the computer tampering statute, allowing the Attorney General's office to prosecute outside computer hackers and unauthorized employee access.



## AzHeC and Arizona Health IT Milestones\*

- *August 2005* – Gubernatorial executive order is issued to develop a Roadmap for Health IT in Arizona. Hundreds of stakeholders from the public and private sector convene to develop the Roadmap.
- *April 2006* – Arizona Health-e Connection Roadmap finalized.
- *January 2007* - AzHeC incorporated as an independent, non-profit organization to spearhead state health IT efforts.
- *March 2007* – AzHeC hosts its 1st annual Arizona Health-e Connection Summit bringing together health care professionals, IT professionals, companies and health IT vendors. The Summit becomes an annual educational event, and in 2009, the name is changed to Western States Health-e Connection Summit & Trade Show to reflect expanded scope of the entire Western region.
- *2007* – The Council of State governments (CSG) awards AzHeC with one of the eight Innovators Awards for that year. AzHeC is recognized as an exemplary state program that is gaining steam and a model for other states.
- *January 2008* – Harvard Business Review publishes a case study of the development and implementation of the Health-e Connection Roadmap, bringing national attention to Arizona health IT efforts.
- *April 2008* – GITA receives \$414,700 HISPC Phase III contract to work on the Adoption of Standards Collaborative (ASC), a multi-state collaborative to address standards for HIE.
- *May 2008* – EAzRx, Arizona’s statewide e-prescribing initiative, established to foster adoption and utilization of e-prescribing. The initiative includes a \$100,000 grant from UnitedHealthcare to partially fund the initiative; a gubernatorial executive order directs state agencies to work with AzHeC on EAzRx initiative.
- *July 2008* – Arizona’s RHITA Program, administered by GITA, awarded \$685,535 to rural institutions to lead or participate in HIE community planning with an additional \$298,663 in HIE educational and consulting services.
- *October 2008* – AzHeC begins collaborative process to draft legislative package to remove barriers to HIE.
- *April 2009* – AzHeC conducts statewide consumer focus groups to learn about public perceptions around health IT.
- *November 2009* – AzHeC Board of Directors adds the Individual and Vendor Supporter categories to AzHeC membership options. This provides individuals and health IT vendors the opportunity to be active in the organization as non-voting participants.
- *April 2010* – AzHeC is awarded a \$10.8 million grant – later increased to \$11.5 million due to an expansion in scope – by the ONC to develop the REC to assist Arizona health care providers in adopting EHRs and achieving Meaningful Use.
- *July 2010* – AzHeC releases 2009 Annual Report, Health Information & the Power of Technology.
- *August 2010* – Meaningful Use Stage 1 seminars for health care providers and office staff are conducted around the state by the REC; over 500 attendees statewide.
- *October 2010* – AzHeC holds a focus group and one-on-one interviews with qualified health care providers to assist with the development of the REC program.
- *October 2010* – The REC officially opens enrollment to begin assisting Arizona health care providers with adoption and optimization of EHRs and achievement of Meaningful Use.
- *April 2011* – Supported by a broad base of community collaboration led in part of AzHeC, the Arizona Legislature passed HB 2620 which removed barriers to HIE, created regulations for HIOs and reinforced patient privacy related to HIE.
- *April 2011* – AzHeC hosts its fifth annual Western States Health-e Connection Summit & Trade Show, co-sponsored by AzHIMSS, AzHIMA and AMIA.
- *May/June 2011* – Ten workshops are held around the state by the REC to discuss AHCCCS (Medicaid) and Medicare attestation with health care providers and practice managers.
- *July 2011* – REC reaches the 1,000 member plateau during a successful statewide recruitment campaign.
- *September 2011* – HINAz, a collaborative partner of AzHeC, announces the public launch of its HIE network that will offer robust HIE in the state.
- *November 2011* – The REC Vendor Alliance Program is launched publicly with more than forty participating EHR and non-EHR vendors.
- *December 2011* – AzHeC begins work on a project with ASET to create the Arizona HIE Marketplace. The HIE Marketplace aims to be a state-wide resource that will match health care providers with HIE options available to them.
- *February 2012* – REC reaches its goal of enrolling 1,958 primary care providers.

\* This list of milestones has been abbreviated to conserve space and to focus on milestones and accomplishments in 2011.

### Acronyms used in this timeline:

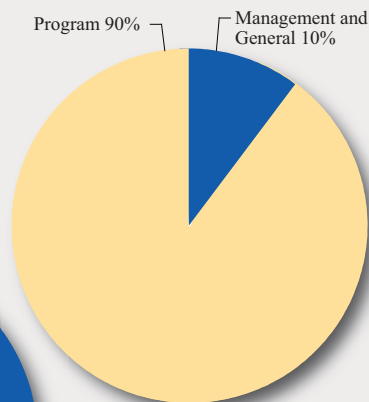
AHCCCS: Arizona Health Care Cost Containment System  
 ASET: Arizona Strategic Enterprise Technology Office  
 AzHeC: Arizona Health-e Connection  
 CMS: Centers for Medicare & Medicaid Services  
 EAzRx: Arizona’s e-prescribing initiative  
 GITA: Arizona’s Government Information Technology Agency, now a part of the Arizona Strategic Enterprise Technology office (ASET)

HHS: United States Department of Health and Human Services  
 HIE: Health Information Exchange  
 HINAz: Health Information Network of Arizona  
 HIO: Health Information Organization  
 HIT: Health Information Technology  
 IOM: Institute of Medicine  
 RHITA: Rural Health Information Technology Adoption

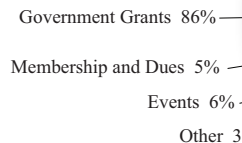


AzHeC has grown significantly over the last couple years as a result of several new programs and opportunities. In 2011, most of the operational resources of AzHeC were dedicated to growing and running the REC, and this is reflected in the draw down of more than \$2.5 million of the REC grant (see p. 5) in 2011. In addition to grant funding, AzHeC relies on other revenue sources, including event revenue, membership dues and program-related fees. Looking forward, AzHeC anticipates similar operational expenses and grant income for the REC in 2012. AzHeC anticipates new sources of income and expenses in State HIE grants and related contracts, and in growth of non-grant-related income, including event revenue, membership dues and program-related fees.

## Program Efficiency



## Revenue by Source



## Financial Summary Fiscal Years Ending December 2011 and 2010

		<b>2011</b>	<b>2010</b>
<b>Support &amp; Revenue</b>	Donated Goods and Services	\$ 18,261	\$ 34,667
	Government Grants	2,557,041	775,848
	Program Related Fees	7,500	-
	Memberships and Dues	138,636	167,250
	Events	174,375	222,095
	Other	78,731	61
	<b>Total Support and Revenue</b>		<b>\$ 2,974,544</b>
<b>Expenses</b>	Grant and Contract Direct Services	1,597,867	401,046
	Salaries and Related Expenses	894,410	406,139
	Contract Services	97,014	133,175
	Administrative Expense	15,055	18,929
	Occupancy Expense	49,099	30,154
	Travel and Event Logistics	40,307	26,184
	Business Expense	199,931	182,071
	Depreciation	11,755	7,341
<b>Total Expenses</b>		<b>\$ 2,905,438</b>	<b>\$ 1,205,039</b>
<b>Increase in Net Assets</b>		<b>\$ 69,106</b>	<b>\$ (5,118)</b>
<b>Asset, Liability and Net Asset Summary</b>			
	Current Assets	450,699	382,217
	Furniture and Equipment Net of Depreciation	28,512	40,267
	<b>Total Assets</b>	<b>\$ 479,211</b>	<b>\$ 422,484</b>
	Current Liabilities	399,578	416,957
	Long Term Liabilities	5,000	-
	<b>Net Assets</b>	<b>\$ 74,633</b>	<b>\$ 5,527</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$ 479,211</b>	<b>\$ 422,484</b>



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