



CT HEALTH INSURANCE EXCHANGE

(d/b/a access health ct)

Fiscal Year 2017 Annual Report

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Our Mission, Vision and Strategy

Created as a quasi-public agency in 2011 as a result of the Patient Protection and Affordable Care Act (ACA), the Connecticut Health Insurance Exchange d/b/a Access Health CT (Exchange or AHCT) successfully developed and implemented the State-based Health Insurance Marketplace for the State of Connecticut and remains committed to serving our state's citizens. Access Health CT's efforts have reduced the uninsured rate across Connecticut to all-time lows, with significant impact to minority and hard-to-reach communities and the young.

Access Health CT continues to operate a sustainable marketplace that is aligned with our mission, vision, and strategy.

Our Vision: Access Health CT supports health reform efforts at the state and national level that provide Connecticut residents with better health, and an enhanced and more coordinated health care experience at a reasonable, predictable cost.

Our Mission: To increase the number of insured residents, improve health care quality, lower costs, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and providers that give them the best value.

Our Strategy: Access Health CT's strategic goals focus on providing access to quality insurance choices for individuals and small businesses, delivering a positive customer experience, improving quality, cost transparency and reducing disparities in health care; which will result in healthier people, healthier communities, and a healthier Connecticut.

Activities and Projects: Fiscal Year 2017 in Review

All-Payer Claims Database Website & Reports

AHCT launched its All-Payer Claims Database (APCD) website. A new Data Release Committee was formed and began meeting to review Data Release Applications pursuant to the APCD Privacy Policy and Procedure. The APCD submitted an application to CMS for Medicare data, and continued to work with the Department of Social Services for the submission of Medicaid data to the APCD.

The Consumer Decision Support Tool was revised and redeployed for the annual Open Enrollment period to assist consumers when shopping for a plan.

The APCD worked on the development of various Population Health and Price Transparency Reports, including but not limited to Hospital and Facility Price Comparisons, Physician Density, Total Costs of Care, Healthcare Utilization of Services, Cost of Disease, and HEDIS- Healthcare Effective Data and Information Sets.

Adaptive Planning for Expense Management

A new financial planning module, Adaptive Planning, was implemented to work with AHCT's enterprise reporting system, Netsuite. This new system will be used for departmental expense management.

Paylocity Payroll System

A new payroll system, Paylocity was implemented. Paylocity will permit hourly employee tracking through a punch system and will also provide for better integration with Netsuite for financial tracking of payroll information.

Employee Engagement

AHCT added a new employee survey platform, Tiny Pulse, to encourage and assess employee engagement.

Employee Health & Wellness

AHCT launched a new employee health and wellness initiative. Other projects included the launch of a new agency website, employee training offerings through a learning management system, change management training to help employees manage possible changes to the ACA in the current political climate and a new mid-year review process.

System Updates and Integrations

Updates were made to the Integrated Eligibility System (IES) for Open Enrollment for 2017 Plan Year, and integration of the IES and new DSS IT system, ImpaCT including implementation of new Enterprise Master Person Index (EMPI) with State of CT. New Tagline functionality was implemented to comply with requirements in Section 1557 of the ACA, which includes a rolling message in multiple languages spoken by people with low-English language proficiency to make applying for health care coverage through AHCT more accessible. Changes were also made to make AHCT enrollment website to make it mobile friendly versus requiring the use of a separate mobile application.

Support Customers Affected by Departing Carriers

Healthy CT, a cooperative insurance carrier established in Connecticut under the ACA, was ordered to stop writing new policies as of July of 2016 by the Connecticut Insurance Department due to concerns regarding its solvency. Healthy CT was eventually liquidated as of December 31, 2016. This had an impact on enrollees in Individual and Small Group plans offered through the Exchange, however, the Exchange's Plan Management team supported enrollees during this transition. UnitedHealth Group also decided not to offer plans through the Exchange for 2017. Accordingly, the number of plans offered through the Exchange decreased for 2017.

Special Enrollment Period Verification

The Exchange's Board of Directors (Board) adopted a procedure for verification of eligibility for special enrollment periods in June 2016. The procedure provides for post-enrollment verification of certain qualifying life events in order to maintain the integrity of the marketplace. AHCT developed rules and processes to implement this new procedure, including IES changes and use of existing vendors to perform the document review for verifications. On March 23, 2017, a new procedure was adopted by the Board to provide for pre-enrollment verification of eligibility for special enrollment periods.

Non-Discrimination Policy and Procedure

On January 26, 2017, the Board approved a Policy and Procedure to implement the requirements of Section 1557 of the ACA, Non-Discrimination in Health Programs and Activities. This policy prohibits discrimination based on race, color, national origin, sex, age or disability. As part of this new policy and procedure, AHCT added information to its enrollment website regarding the policy, and information on the procedure for filing a discrimination complaint.

Year-Round Outreach

AHCT has shifted its focus to year-round engagement for community outreach, which included holding regional planning meetings with stakeholders, Healthy Chats for consumer education, and working with various outreach partners such as the Connecticut Department of Labor, Community Health Centers, elected officials, educational institutions and others. The focus of the outreach campaign was on the importance of having and using healthcare coverage including use of a primary care physician (PCP).

Call Center Transition from Maximus to Faneuil

AHCT engaged a new vendor, Faneuil Inc., to perform Call Center Services for AHCT and the Department of Social Services after a thorough Request for Proposals process. The new contract was finalized in August 2016 and provides for new and improved technology to support Exchange operations, a new payment model with a fixed monthly fee on a per member per month (PMPM) basis and shared responsibility to provide higher quality of service. This new fee structure reduced call center expenses for AHCT and DSS and provides improved services.

During the effective transition period from Maximus to Faneuil. AHCT hired an independent auditor to audit Maximus' billing during contract period. AHCT ultimately negotiated a settlement with Maximus for final billing regarding missing call recordings.

Faneuil's Customer Relationship Management (CRM) platform is greatly improved and will allow for increased communications between Faneuil, AHCT and DSS internal teams and the carriers. Knowledgebase articles were consolidated from 5,000 to 200 to help agents on the phone as well as consumers.

Faneuil hired internal brokers to support consumers in 2017 as carriers did not pay broker commissions for on-Exchange plans and overall broker participation decreased.

1095 Reporting

AHCT developed and implemented a new 1095 Portal in 2016 to provide for self-service reprints of 1095-A forms and improved IRS reporting functionality. This decreased AHCT's dependency on an outside vendor for 1095-A reporting and mailing of 1095-A forms to consumers.

Change in Medicaid Eligibility Thresholds

After the State of Connecticut increased income eligibility level for adults in the Medicaid program in 2015, the group receiving Transitional Medical Assistance (TMA) rolled off eligibility in 2016, and AHCT worked with DSS on outreach to impacted individuals. AHCT also held enrollment fairs to assist this population in maintaining healthcare coverage.

SHOP Outreach

Small Employer Health Options Program (SHOP) focused on increasing enrollment by meeting with non-profits, small businesses around the state, brokers, chambers of commerce etc.

New Data Reporting System

AHCT transitioned from its original data reporting system to a new enterprise platform that provides centralized reporting and improved analytics, and data warehouse process automation, including beginning of implementation of Policy Based Reconciliation with CMS and carriers. Data migration also occurred to move data to new CRM platform for Faneuil, the new Call Center vendor, which was a total of over 2 million customer interactions.

Activities and Projects Planned for Fiscal Year 2018

- Develop mobile-friendly version of enrollment website to replace requirement to use downloaded Application from App Store to view on mobile devices
- Develop enhanced password reset functionality for Consumer Accounts
- Improvements to Electronic Data Interface (EDI)
- Improvements to enrollment website
- Develop Policy-Based Payment Reporting to CMS
- Develop Verify Lawful Presence (VLP) Steps 2 and 3 for Immigration Status checks
- Develop new Decision Support Tool and Provider Search Tool
- Develop automated data transfer process to support CMS implementation of Large Employer Appeals process
- Implement new enrollment platform for Small Employer Health Options (SHOP) and Dental programs
- Develop online Chat functionality for Call Center to aid consumers
- Update Disaster Recovery Plan
- Prepare Adverse Selection Study
- Support All Payers Claims Database (APCD) transition to Office of Health Strategy
- Begin development of Organizational Values Initiative with employees
- Close enrollment storefront locations in New Britain and New Haven, and open 10 temporary in-person enrollment locations at Community Health Centers, hospitals, libraries, etc. across the state
- Review all Qualified Health Plan (QHP) Certification Requirements and present to Board of Directors for any possible changes
- Expand AHCT staffing to support growth for SHOP and Dental products

Human Resources

Affirmative Action Policy

Access Health CT's policy on Equal Employment Opportunity and Affirmative Action was approved by the Exchange Board of Directors in January 2012. The policy states:

The Connecticut Health Insurance Exchange (Exchange) is an equal employment opportunity and affirmative action employer, dedicated to the policy of nondiscrimination in employment on any basis prohibited by law. The Exchange is committed to providing equal employment and advancement opportunities without consideration of race, color, religious creed, age, sex, sexual orientation, gender identity or expression, marital status, national origin, ancestry, veteran status, mental retardation, genetic information, disability, or other legally protected status, unless there is a bona fide occupational qualification under applicable Connecticut statute excluding persons in one of the foregoing protected groups. Additionally, the Exchange will take affirmative action to ensure workplace equality, avoid all

forms of discrimination, and develop a workforce that is representative of all segments of the population.

The Exchange will utilize affirmative action measures at all stages of the employment process. With regard to recruitment and hiring, the Exchange will notify recruiters, consultants, prospective candidates, and employees that “The Connecticut Health Insurance Exchange is an “Affirmative Action/Equal Employment Opportunity Employer” and shall broadly disseminate this policy by posting it on its website, bulletin boards, and other locations accessible to employees and potential candidates for employment. The Exchange will attempt through recruitment efforts to increase the number of highly qualified female and minority applicants who apply for each vacancy with the ultimate goal that the Exchange’s workforce will mirror the diversity of the labor pool. Additionally, the Exchange will attempt to reach a greater number of Hispanic, African-American, Asian/Pacific Islander, and Native American potential applicants by contacting organizations and educational institutions that promote the interests of such individuals and attending job fairs and other events where potential exposure to qualified female and minority applicants is high. The Exchange also recognizes the hiring difficulties which are sometimes encountered by the physically disabled and older persons and will undertake measures to overcome the effects of past discrimination, if any, and to achieve the full and fair utilization of such persons in the work force.

The Exchange is also committed to equal opportunities for its employees with regard to all employment practices, including but not limited to compensation, benefits, training, promotions and discipline. All personnel decisions will be strictly based upon the needs of the Exchange and an employee’s job-related skills and abilities. Consistent with its commitment to equal opportunity, the Exchange expects that all employees shall adhere to its policy of nondiscrimination. The Exchange is equally committed to ensuring nondiscrimination in all of its programs and initiatives.

Employees should bring any complaints regarding discrimination or any other violation of this policy to the immediate attention of the designated Equal Employment Opportunity (EEO) / Affirmative Action Officer. Alternatively, employees may submit discrimination complaints to their supervisor. Complaints brought under this policy will be promptly investigated. Any employee who violates this policy or knowingly retaliates against an employee reporting or complaining of a violation of this policy shall be subject to immediate disciplinary action, up to and including discharge.

The Exchange is committed to ensuring that all contractors who do business with it provide equal opportunities in employment without regard to legally protected status. The participation of minority business enterprises meeting the qualifications established by applicable regulation shall also be solicited and encouraged. All bidders, contractors and suppliers will be notified regarding this policy and all contracts for services or materials must include a statement in which the contractor agrees to abide by affirmative action and nondiscrimination principles.

The EEO/Affirmative Action Officer shall monitor compliance with this policy, including but not limited to maintaining data with regard to the hiring and promotion of women and minorities, and shall regularly report on these matters to the Chief Operating Officer (COO), Chief Executive Officer (CEO), and the Board of Directors. All managers shall be responsible for administering and complying with this policy within his or her respective departments. The COO, CEO, and the Board of Directors will provide any necessary guidance in carrying out this policy and any changes or modifications which may be necessary. In accordance with Connecticut General Statutes § 1-123, the Board of Directors' annual report to the Governor and Auditors of Public Accounts shall include this affirmative action policy statement, a description of the Exchange's work force by race, sex and occupation, and a description of affirmative action efforts.

Workforce Composition as of June 30, 2017

Class	Title	Employees	Male							Female							
			W	B	H	A	I	N/H	T	W	B	H	A	I	N/H	T	
1.1	Exec/Senior Level Officials & Mgrs.	8	2	1	0	1	1	0	0	2	0	1	0	0	0	0	
1.2	First/Mid-Level Officials & Mgrs.	10	4	0	0	0	0	0	0	3	1	2	0	0	0	0	
2	Professionals	22	7	1	1	0	0	0	1	9	2	0	1	0	0	0	
5	Administrative Support Workers	43	3	1	3	0	0	0	0	9	10	17	0	0	0	0	
N/S	Not Specified	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	
Total			Male							Female							
	Male	Female	Total	W	B	H	A	I	N/H	T	W	B	H	A	I	N/H	T
	26	58	84	16	3	4	1	1	0	1	24	13	20	1	0	0	0
	31 %	69 %		62 %	12 %	15 %	4 %	4 %	0 %	4 %	41 %	22 %	34 %	2 %	0 %	0 %	0 %

Affirmative Action Efforts in Fiscal Year 2017

AHCT continues to maintain a strong commitment to the Equal Employment Opportunity and Affirmative Action policy. Statewide advertisements of all new staff positions are posted electronically on the State's CT.gov and Department of Labor websites, as well as AHCT's own website.

These websites and AHCT recruitment efforts reach a broad range of diverse candidates. The Exchange continues to seek fluent Spanish speaking employees to improve communication with the population of Connecticut residents, who have some of the highest uninsured rates, require enrollment support and benefit from resources to educate them on the need for health insurance.

Financial

Marketplace Assessments

Marketplace assessments fund Access Health CT's ongoing operations. Marketplace assessments are charged to all health and dental insurance carriers that can offer a qualified health plan through the Exchange to generate funding necessary to support the operational sustainability of Access Health CT. Marketplace assessments are billed and collected on a calendar year basis.

Connecticut Public Acts 11-53 and 13-247 gave Access Health CT the authority to charge assessments to fund Exchange operations and to charge interest and penalties to carriers failing to pay the assessments and fees required. This authority is codified at Conn. Gen. Stat. § 38a-1083(c)(7).

In 2014, the Legislature added Subsection (d) to Conn. Gen. Stat. §38a-1083 directing the Commissioner of Insurance to see that all laws respecting the authority of the Exchange are faithfully executed. In enforcing the assessment, the Commissioner "has all the powers specifically granted under Title 38a and all further powers that are reasonable and necessary."

Final determinations as to the terms, conditions, basis, and methodology of any assessments or fees to be charged shall rest in the sole discretion of the Board, acting in accordance with applicable law.

As of June 2017, Access Health CT received \$15.0 million out of the \$30.9 million expected for marketplace assessments for the 2017 calendar year.

CMS Establishment Grant

As of June 30, 2016, Access Health CT maintained one open establishment grant through CMS. The award of \$9.3 million in total was granted on December 17, 2014, primarily to support required system enhancements to maintain compliance with Federal regulations. In addition to regulatory system changes, the grant provided funding for new customer outreach approaches and establishing the transitional reinsurance program. System enhancements to the Plan Management Worker Portal, Learning Management System, and establishment of a Tier 2 and 3 Customer Service issue resolution unit were also funded.

In October 2015, Access Health CT applied for and received a no-cost extension for the 2014 establishment grant to extend the project performance period from December 15, 2015, to December 15, 2016, in order to complete necessary design, development, and implementation activities. The remaining balance of this 2014 federal grant, \$1,837,869, was expended in FY 2017 to satisfy the terms of the grant and the grant was closed accordingly.

Connecticut Health Foundation Grant

In Fiscal Year 2016, Access Health CT received a one-year, non-governmental grant of \$82,000 from the Connecticut Health Foundation to conduct a secret shopper program. The grant period began April 1, 2016 and ended March 31, 2017. The first installment of this grant, \$41,000 was received in April 2016 (Fiscal Year 2016). The second installment, \$41,000, was received in September 2016 (Fiscal Year 2017).

Access Health CT engaged Acturus, a market research firm, to conduct a secret shopper evaluation of the consumer experience when trying to arrange an appointment with a new healthcare provider covered by a qualified health plan offered by ConnectiCare Benefits, Inc., UnitedHealthcare, HealthyCT and Anthem BlueCross BlueShield. The objective of this research was for Access Health CT to better understand the on-Exchange individual consumer experience of gaining access to in-network providers including appointment availability, appointment timing and accuracy of provider information. The project was completed, and the grant was closed, in April 2017.

UConn Health Disparities Institute Grant

Access Health CT collaborated with the UConn Health Disparities Institute (HDI) to carry out that organization's 2016 grant to survey Access Health CT customers on their health insurance literacy. HDI paid \$50,000 of its grant award to Access Health CT and those funds were used to fund a vendor performing the survey work required by the grant. The survey identified significant disparities in the level of health insurance literacy among people of color – a deficit of 47% for Blacks, 50% for Latinos, and 26% for Whites. The project was completed, and the grant was closed in Fiscal Year 2017.

Bonds

Access Health CT has not issued bonds and has no bonds outstanding.

Individuals and Firms that Received Payments of More than \$5000

The following is a list of all outside individuals and firms that received more than \$5,000 in the form of loans, grants or payments for services:

100 Berlin Holdings LLC	Faneuil, Inc	Pitney Bowes Presort Services, Inc.
200 Main Street Associates LLC	Florence Ellen Whaley-Wexlar	Pullman & Comley, LLC
45-55 Church Street LLC	G4S Secure Solutions (USA) Inc.	Qualitia Software Private Limited
A&A Office Systems, Inc	Gartner Inc.	Regional Community - Technical Colleges
Acturus, Inc	GETGO, INC	Robert Dean McVey
Adaptive Insights, Inc.	Global Strategy Group LLC	RSM US, LLP
Advanced Office Systems	Grossman Heinz LLC	Scan-Optics LLC
Advent Cat Risk	Grunberg 280 Trumbull, LLC	SCeLearning, LLC
Alaant Workforce Solutions	Hallmark Totaltech, Inc	SHI International Corp.
Amtex Systems Inc	Health Reinsurance Association	Shipman & Goodwin LLP
Atlassian Pty Ltd	Integration Partners Corporation	Skylightsys, LLC
BRD Builders, LLC	International Business Machines Corp	Solution-Soft Systems, Inc
bswift, LLC	Interpreters and Translators, Inc	Spitfire Communications, LLC
Capitol Cleaning Contractors, Inc	ITech Solutions, Inc	Sprint Spectrum, L.P.
CDW Government LLC	Jeffers Cowherd P.C.	Staples Advantage
Center for Health Policy Development	Kool Ink LLC	Synacktek LLC
Chubb and Son a division of Fed Ins Co	Lighttower Fiber Networks	The Pitney Bowes Bank, Inc
CMI Sound Systems	Live Nation Marketing, Inc	The RDW Group, Inc
Cognizant Technology Solutions	Lockton Companies	The Rocket Science Group, LLC
Comcast Corporation	Market Decisions, LLC	The Southern New England Telephone Co
Connecticut Double Play LLC	Maximus Health Services, Inc	The Tri-Com Consulting Group, LLC
Connecture, Inc	Meredith Corporation	Thomson Reuters (Tax & Accounting) Inc
Cornerstone OnDemand, Inc	Mobile Commons, Inc.	TouchPoint Integrated Communications LLC
CRN International, Inc	NetSuite Inc	Verizon Business Network Services Inc
Day Design Inc	New Fields Technologies LLC	V-Link, Inc
Dell Marketing LP	On-Line Systems, Inc	W.B. Mason Co. Inc
Deloitte Consulting LLP	Onpoint Health Data	Wakely Consulting Group, Inc
Dupont Learning, LLC	Optiv Security	Whittlesey & Hadley, P.C.
Eliassen Group, LLC	Oracle America Inc.	Windstream Corporation
En Pointe Technologies Sales, LLC	Outlet Broadcasting, LLC dba HVIT Cozi TV	WME IMG Holdings, LLC
ePlus Technology Inc	Patricia A. Hackett	
Fairfax Data Systems, Inc	Paylocity Corporation	

Financial Statements

CONNECTICUT HEALTH INSURANCE EXCHANGE (DBA ACCESS HEALTH CT)

Statements of Net Position

June 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Assets		
Current assets		
Cash and cash equivalents	\$ 23,349,254	\$ 24,586,547
Accounts and grants receivable	7,094,741	16,924,057
Prepaid expenses	184,038	187,022
Total current assets	<u>30,628,033</u>	<u>41,697,626</u>
Noncurrent assets		
Security deposit	8,653	8,653
Software development in progress	-	1,848,035
Equipment and software, net	7,161,568	4,451,391
Total noncurrent assets	<u>7,170,221</u>	<u>6,308,079</u>
Total assets	<u>\$ 37,798,254</u>	<u>\$ 48,005,705</u>
Liabilities and net position		
Current liabilities:		
Accounts payable	\$ 391,646	\$ 1,669,600
Accrued liabilities	8,823,554	15,008,437
Total current liabilities	<u>9,215,200</u>	<u>16,678,037</u>
Net position:		
Net position invested capital assets	7,161,568	6,299,426
Net position unrestricted	21,421,486	25,028,242
Total net position	<u>28,583,054</u>	<u>31,327,668</u>
Total liabilities and net position	<u>\$ 37,798,254</u>	<u>\$ 48,005,705</u>

**CONNECTICUT HEALTH INSURANCE EXCHANGE
(DBA ACCESS HEALTH CT)**

Statements of Revenues, Expenses and Change in Net Position

For the years ended June 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Operating Revenues		
Government grants and contracts	\$ 1,465,829	\$ 9,482,162
Grants	41,000	41,000
Marketplace assessment	32,139,640	30,455,332
Interest income	<u>73,919</u>	<u>15,995</u>
 Total revenues	 <u>33,720,388</u>	 <u>39,994,489</u>
 Operating Expenses		
Wages	7,758,067	7,025,627
Fringe benefits	2,674,823	2,244,497
Consultants	18,685,426	24,312,816
Equipment	408,033	361,999
Supplies	11,302	34,437
Travel	90,323	128,347
Maintenance	3,523,209	2,621,610
Administration	1,255,895	1,145,493
Depreciation and amortization	<u>2,057,924</u>	<u>11,969,729</u>
 Total operating expenses	 <u>36,465,002</u>	 <u>49,844,555</u>
 Change in net position	 (2,744,614)	 (9,850,066)
 Net position, beginning of year	 <u>31,327,668</u>	 <u>41,177,734</u>
 Net position, end of year	 <u>\$ 28,583,054</u>	 <u>\$ 31,327,668</u>

**CONNECTICUT HEALTH INSURANCE EXCHANGE
(DBA ACCESS HEALTH CT)**

Statements of Cash Flows

For the years ended June 30, 2017 and 2016

	2017	2016
Cash flows from operating activities		
Receipts from funding sources	\$ 3,629,599	\$ 13,476,696
Receipts from Marketplace Assessment	32,514,623	31,237,162
Reimbursement of operating costs	33,619,491	48,551,054
Payments to employees	(10,550,215)	(7,383,546)
Payments to vendors	<u>(57,530,725)</u>	<u>(80,921,232)</u>
Net cash provided by operating activities	<u>1,682,773</u>	<u>4,960,134</u>
Cash flows from capital and related financing activities		
Payments for software development in progress	-	(1,690,450)
Purchase of equipment and software	(2,920,066)	(941,009)
Reimbursement of equipment and software, and software development in progress	<u>-</u>	<u>113,527</u>
Net cash used for capital and related financing activities	<u>(2,920,066)</u>	<u>(2,517,932)</u>
Net change in cash and cash equivalents	(1,237,293)	2,442,202
Cash and cash equivalents at beginning of year	<u>24,586,547</u>	<u>22,144,345</u>
Cash and cash equivalents at end of year	<u>\$ 23,349,254</u>	<u>\$ 24,586,547</u>
Reconciliation of operating income to net cash provided in operating activities		
Change in net position	\$ (2,744,614)	\$ (9,850,066)
Adjustments to reconcile operating income to net cash provided by operating activities:		
Depreciation and amortization	2,057,924	11,969,729
Changes in assets and liabilities:		
Accounts and grants receivable	9,829,316	17,303,648
Prepaid expenses	2,984	(1,612)
Accounts payable	(1,277,954)	(304,345)
Accrued liabilities	<u>(6,184,883)</u>	<u>(14,157,220)</u>
Net cash provided by operating activities	<u>\$ 1,682,773</u>	<u>\$ 4,960,134</u>