



# CENTRAL HEALTH

### **Our Vision**

Central Texas is a model healthy community.

### **Our Mission**

By caring for those who need it most, Central Health improves the health of our community.

### **Our Values**

Central Health will achieve excellence through:

*Stewardship* - We maintain public trust through fiscal discipline and open and transparent communication.

*Innovation* - We create solutions to improve healthcare access.

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## **BOARD OF MANAGERS**

### **Meeting Agenda**

**Wednesday, October 24, 2018, 5:30 p.m.**

**Central Health Administrative Offices**

**1111 E. Cesar Chavez St.**

**Austin, Texas 78702**

**Board Room**

### **CITIZENS' COMMUNICATION**

#### **CONSENT AGENDA**

All matters listed under the CONSENT AGENDA will be considered by the Board of Managers to be routine and will be enacted by one motion. There will be no separate discussion of these items unless members of the Board request specific items be moved from the CONSENT AGENDA to the REGULAR AGENDA for discussion prior to the time the Board of Managers votes on the motion to adopt the CONSENT AGENDA.

- C1. Approve minutes for the following meeting of the Central Health Board of Managers:
  - a. August, 15, 2018; and
  - b. August 29, 2018.
- C2. Receive the August 2018 Investment Report and ratify Central Health Investments for August 2018.
- C3. Receive a report of the August 2018 financial statements for Central Health, as presented to the Budget and Finance Committee.
- C4. Receive a report of the August 2018 financial statements for the Community Care Collaborative, as presented to the Budget and Finance Committee.
- C5. Approve an interlocal agreement between Central Health and Travis County for certain support services, including cash management and investment services, legal services, risk management

services, and television broadcast services, as recommended by the Budget and Finance Committee.

- C6. Approve and direct the Central Health appointees to the Community Care Collaborative Board of Directors to approve, an amendment to the agreement between the Community Care Collaborative and Integral Care for Behavioral Health Services to include school-based behavioral health services and to increase the compensation available to Integral Care by \$420,000 for these services, as recommended by the Budget and Finance Committee.
- C7. Approve an increase to the Central Health Fiscal Year (FY) 2019 member payment to the Community Care Collaborative by \$420,000, as recommended by the Budget and Finance Committee.
- C8. Approve an agreement between Central Health and ARC Abatement I, Ltd for asbestos abatement services and selective demolition services in an amount not to exceed \$1,124,500, as recommended by the Budget and Finance Committee.
- C9. Approve an amendment to the agreement between Central Health and Braun & Butler Construction to add exhibits that reflect construction documents and the guaranteed maximum price proposal of \$1,935,525 for Construction Phase services to be performed in connection with the installation of alternative utilities on the Central Health Downtown Campus, as recommended by the Budget and Finance Committee.
- C10. Approve an interlocal agreement between Central Health and Region 8 Education Service Center for cooperative purchasing services offered through The Interlocal Purchasing System (TIPS) program, as recommended by the Budget and Finance Committee.
- C11. Approve a sublease agreement between Central Health and the Integrated Care Collaboration (ICC) for approximately 9,000 square feet of office space to be utilized by Central Health's Joint Technology staff, as recommended by the Budget and Finance Committee.
- C12. Approve a resolution recognizing Central Health's Strategy and Planning staff.
- C13. Approve a resolution recognizing Central Health's Communications and Community Engagement staff.
- C14. Receive a report of the preliminary September 2018 financial statements for Central Health.
- C15. Adopt the Fiscal Year 2019 Travis County Healthcare District Investment and Collateral Policies and Procedures, as presented by the Travis County Investment Management Department.

### **REGULAR AGENDA\***

- 1. Discuss the formation of a Board subcommittee to make recommendations regarding Board officers for calendar year 2019 and to discuss the process for election and appointment of Board Officers, as described the Amended and Restated Bylaws of the Travis County Healthcare District. *(Informational Item)*
- 2. Receive a report of the preliminary September 2018 financial statements for the Community Care Collaborative. *(Informational Item)*
- 3. Receive and discuss reports from Board committees: Central Health Downtown Campus Committee and Budget and Finance Committee. *(Informational Item)*

4. Discuss and take appropriate action on a ground lease agreement between Central Health and Travis County Emergency Services District 11, as recommended by the Budget and Finance Committee.<sup>1</sup> (*Action Item*)
5. Discuss and take appropriate action on a ground lease agreement between Central Health and Travis County Emergency Services District 4, as recommended by the Budget and Finance Committee.<sup>1</sup> (*Action Item*)
6. Discuss and take appropriate action on strategies to expand the Central Health Premium Assistance Program related to IdealCare offered by Sendero Health Plans, Inc.<sup>1</sup> (*Action Item*)
7. Discuss and take appropriate action on an agreement between Central Health and Foundation Communities for Health Insurance Enrollment and Case Management Services.<sup>1</sup> (*Action Item*)
8. Discuss and take appropriate action on the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) projects, the Community Care Collaborative, including health care delivery arrangements, and other interrelated community partnerships.<sup>1</sup> (*Informational Item*)
9. Discuss and take appropriate action on Central Health owned property, including the Downtown Campus and adjacent properties.<sup>1</sup> (*Informational Item*)
10. Confirm the next regular Board meeting date, time, and location. (*Informational Item*)

\*The Board of Managers may take items in an order that differs from the posted order.

Note 1, Possible closed executive session item.

The Board of Managers may consider any matter posted on the agenda in a closed session if there are issues that require consideration in a closed session and the Board announces that the item will be considered during a closed session.

Members of the Board of Managers may participate in this meeting via videoconference in compliance with the Texas Open Meetings Act.

Consecutive interpretation services from Spanish to English are available during Citizens Communication or when public comment is invited. Please notify the front desk upon arrival if services are needed.

Los servicios de interpretación consecutiva del español al inglés están disponibles para la comunicación de los ciudadanos o cuando se invita al público a hacer comentarios. Si necesita estos servicios, al llegar sírvase notificarle al personal de la recepción.



Came to hand and posted on a Bulletin Board in the Courthouse,  
Austin, Travis County, Texas on this the 19 day of October  
2018  
Dana DeBeauvoir  
County Clerk, Travis County, Texas  
By R. Herrera Deputy  
**R. HERRERA**

**FILED AND RECORDED**

OFFICIAL PUBLIC RECORDS

*Dana DeBeauvoir*

Oct 19, 2018 03:36 PM

201881676

FEE: \$0.00

Dana DeBeauvoir, County Clerk

Travis County TEXAS

3 **STAYS IN FILE**



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## **BOARD MEETING**

**October 24, 2018**

## **REGULAR AGENDA ITEM 1**

**Discuss the formation of a Board subcommittee to make recommendations regarding Board officers for calendar year 2019 and to discuss the process for election and appointment of Board Officers, as described the Amended and Restated Bylaws of the Travis County Healthcare District. (Action Item)**



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## **BOARD MEETING**

**October 24, 2018**

## **REGULAR AGENDA ITEM 2**

**Receive a report of the preliminary September 2018 financial statements for the Community Care Collaborative. (Informational Item)**

# Community Care Collaborative

## Financial Statement Presentation

### FY 2018 – as of September 30, 2018 (Preliminary)

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**Central Health Board of Managers**  
**Budget and Finance Committee**  
**October 24, 2018**

**Jeff Knodel, Chief Financial Officer**  
**Lisa Owens, VP of Financial Operations**



a partnership of Central Health and Seton Healthcare Family

# General

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- Financial Statements
  - Balance Sheet
  - Sources and Uses Report, Budget vs. Actual
  - Healthcare Delivery Summary
- Twelve months of information, October – September

Preliminary

# Balance Sheet

As of September 30, 2018



	<b>FY 2018</b>	<b>FY 2017</b>
<b>Assets:</b>		
Cash and Cash Equivalents	36,595,290	40,624,361
Other Receivables	133,245	83,428
Prepaid and Other	398,488	222,412
<b>Total Assets</b>	<b>37,127,023</b>	<b>40,930,201</b>
<b>Liabilities and Net Assets:</b>		
AP and Accrued Liabilities	24,533,417	19,610,004
Deferred Revenue	773,780	2,801,052
Other Liabilities	270,840	216,322
Accrued Payroll	178,658	237,477
<b>Total Liabilities</b>	<b>25,756,695</b>	<b>22,864,855</b>
Net Assets	11,370,328	18,065,346
<b>Total Liabilities and Net Assets</b>	<b>37,127,023</b>	<b>40,930,201</b>

**Preliminary**



# Sources and Uses Report, Budget vs Actual

## Fiscal Year-to-Date through September 30, 2018



	<u>Approved Budget</u>	<u>YTD Actual</u>	<u>YTD % of Budget</u>	<u>Prior YTD Actual</u>
<b>Sources of Funds</b>				
DSRIP Revenue	58,000,000	59,153,831	102%	62,692,721
Member Payment - Seton <sup>(1)</sup>	58,800,000	36,266,490	62%	26,000,000
Member Payment - Central Health <sup>(1)</sup>	29,245,166	23,200,000	79%	24,615,508
Operations Contingency Carryforward	9,883,321	13,065,346	132%	26,316,998
Other Sources	100,000	34,020	34%	1,084,443
<b>Total Sources of Funds</b>	<b>156,028,487</b>	<b>131,719,687</b>	<b>84%</b>	<b>140,709,671</b>
<b>Uses - Programs</b>				
Healthcare Delivery	103,565,887	86,611,972	84%	74,371,583
UT Services Agreement	35,000,000	35,000,000	100%	35,000,000
DSRIP Project Costs	17,462,600	3,737,387	21%	18,272,743
<b>Total Uses</b>	<b>156,028,487</b>	<b>125,349,359</b>	<b>80%</b>	<b>127,644,327</b>
<b>Sources / (Uses)</b>	<b>-</b>	<b>6,370,328</b>		<b>13,065,344</b>

<sup>(1)</sup> Final contributions will be subject to provisions of the MSA, which requires the parties to collaborate to adequately fund the CCC, but leaves the amount of funding up to each parties' discretion. Each member contribution could be more or less than the budget, depending upon a variety of factors.

**Preliminary**

# Healthcare Delivery Costs - Summary

## Fiscal Year-to-Date through September 30, 2018



	<b>Approved Budget</b>	<b>YTD Actual</b>	<b>YTD % of Budget</b>	<b>Prior YTD Actual</b>
Healthcare Delivery Services				
Primary Care	52,186,817	51,515,826	99%	44,812,596
Specialty Care	13,475,915	8,336,828	62%	4,801,482
Specialty Behavioral Health	8,833,856	8,551,298	97%	8,251,624
Specialty Dental Care	629,711	384,356	61%	436,420
Post-Acute Care	2,400,000	2,475,305	103%	2,105,759
Pharmacy	6,350,000	4,888,592	77%	4,010,612
Medical Management	2,111,102	1,715,973	81%	1,605,769
Urgent and Convenient Care	600,000	253,494	42%	182,401
Healthcare Delivery Operations <sup>(1)</sup>	12,931,378	8,490,300	66%	8,164,920
Contingency Reserve	3,613,896	-	0%	-
<b>Total Healthcare Delivery Operations</b>	<b>103,132,675</b>	<b>86,611,972</b>	<b>84%</b>	<b>74,371,583</b>

<sup>(1)</sup> Additional detail provided

**Preliminary**

# Healthcare Delivery Costs – Primary Care

## Fiscal Year-to-Date through September 30, 2018



	<u>Approved Budget</u>	<u>YTD Actual</u>	<u>YTD % of Budget</u>	<u>Prior YTD Actual</u>
<b>Primary Care</b>				
CommUnityCare	41,850,000	41,790,000	100%	36,208,179
El Buen Samaritano	2,350,000	2,224,551	95%	2,248,445
Lone Star Circle of Care	4,364,995	4,137,079	95%	3,411,225
People's Community Clinic	2,500,000	2,500,000	100%	2,138,745
Volunteer Healthcare Clinic <sup>(1)</sup>	100,000	158,292	158%	109,179
UT School of Nursing	100,000	3,263	3%	-
Prevention and Wellness	225,000	5,819	3%	-
City of Austin EMS	696,822	696,822	100%	696,822
	<b>52,186,817</b>	<b>51,515,826</b>	<b>99%</b>	<b>44,812,596</b>

<sup>(1)</sup> Contract was amended by \$100,000 in May 2018.

**Preliminary**

# HCD Providers Expenditures – Specialty Care Detail

## Fiscal Year-to-Date through September 30, 2018



	<u>Approved Budget</u>	<u>YTD Actual</u>	<u>YTD % of Budget</u>	<u>Prior YTD Actual</u>
<b>Specialty Care</b>				
Consultation and Referral Platform	700,000	-	0%	-
Consultation Services	250,000	18,550	7%	-
Cardiology	150,000	40,657	27%	2,000
CommUnityCare Specialty	2,000,000	2,090,000	105%	386,156
Dermatology	100,000	-	0%	-
Ear, Nose and Throat	400,000	387,192	97%	6,112
Gastroenterology	800,000	888,736	111%	294,740
Gynecology IPU	1,500,000	512,884	34%	-
Oncology Services	2,500,000	536,205	21%	2,257,149
Ophthalmology <sup>(1)</sup>	950,915	1,462,766	154%	657,024
Orthopedics	2,000,000	1,409,599	70%	506,339
Orthotics and Prosthetics	200,000	101,285	51%	155,586
Other Providers	30,000	6,708	22%	3,830
Palliative Care	100,000	1,984	2%	-
Physical Medicine and Rehabilitation	75,000	-	0%	-
Remote Patient Monitoring	200,000	-	0%	-
Rheumatology	90,000	-	0%	-
Seton Healthcare Family Specialty	300,000	221,520	74%	3,140
Urology	450,000	100,000	22%	131,164
Project Access	330,000	330,000	100%	330,000
Ancillary Services	350,000	228,742	65%	68,243
	<b>13,475,915</b>	<b>8,336,828</b>	<b>62%</b>	<b>4,801,482</b>

<sup>(1)</sup> Central Health Board approved expansion of Ophthalmology by \$200,000.

**Preliminary**

# HCD Operations Expenditures

## Fiscal Year-to-Date through September 30, 2018



	<u>Approved Budget</u>	<u>YTD Actual</u>	<u>YTD % of Budget</u>	<u>Prior YTD Actual</u>
Healthcare Delivery Operations				
Eligibility and Enrollment	1,478,005	1,092,467	74%	-
Quality Assessment Performance	1,995,199	1,047,331	52%	668,763
Project Management Office	1,463,784	884,923	60%	-
Operations Department	3,497,608	1,964,290	56%	2,981,287
Health Information Technology	3,236,029	2,203,291	68%	2,467,296
Administration	1,260,753	1,297,999	103%	2,047,573
<b>Total Healthcare Delivery - Operations</b>	<b>12,931,378</b>	<b>8,490,300</b>	<b>66%</b>	<b>8,164,920</b>

**Preliminary**

# Thank You

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[www.ccc-ids.org](http://www.ccc-ids.org)



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September 2018 Preliminary FYTD Financial Statements (unaudited)  
Page 1 of 2

## **Balance Sheet**

### **Current Assets**

Cash and Cash Equivalents – \$36.6M

Other Receivables – \$133K total – Partial Service Obligation Payment

Prepaid and Other – \$398K

- \$361K – Prepaid insurance and software license
- \$36K – Atrium Security deposit

**Total Assets – \$37.1M**

### **Liabilities**

Accounts Payable and Accrued Liabilities – \$24.5M, which includes:

- \$20.9M estimated IBNR to providers
- \$1.3M non-provider accruals
- \$2.1M due to Central Health

Deferred Revenue – \$774K deferred revenue related to DSRIP projects

Other Liabilities – \$271K; includes leasehold improvement allowance liability of \$153K and Deferred Rent of \$118K

Payroll Liabilities – \$179K; includes PTO liability

**Total Liabilities – \$25.8M**

### **Net Assets**

Emergency Reserve – \$5.0M

Unrestricted Net Assets – \$6.4M

**Total Net Assets – \$11.4M**

**Total Liabilities and Net Assets – \$37.1M**

\*BOARD PACKET\*



**Sources and Uses Report**

September financials → twelve months, 100% of the fiscal year – Preliminary

**Sources of Funds, Year-to-Date**

DSRIP Revenue - \$59.2M for DY6 DSRIP Projects

Member Payments - \$59.4M for Central Health and Seton Member Payments

Operations Contingency Carryforward - \$13M from FY2017 (does not include \$5M in emergency reserves)

Other Sources – \$34K for interest income

**Uses of Funds, Year-to-Date**

Operating Expenses

	<u>Approved Budget</u>	<u>YTD Actual</u>	<u>YTD % of Budget</u>	<u>Prior YTD Actual</u>
Healthcare Delivery				
Primary Care	52,186,817	51,515,826	99%	44,812,596
Specialty Care	13,475,915	8,336,828	62%	4,801,482
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Pharmacy	6,350,000	4,888,592	77%	4,010,612
Medical Management	2,111,102	1,715,973	81%	1,605,769
Urgent and Convenient Care	600,000	253,494	42%	182,401
Healthcare Delivery - Operations <sup>(1)</sup>	12,931,378	8,490,300	66%	8,164,920
Operations Contingency Reserve	3,613,896		0%	
		-		-
Total Healthcare Delivery	103,132,675	86,611,972	84%	74,371,583

UT Services Agreement - \$35M for University of Texas Affiliation Agreement

DSRIP Project Costs - \$3.7M in DSRIP project costs

Change in Net Assets – Year-to-date change in net assets is a decrease of \$6.7M. (9/30/2017 Net Assets = \$18.1M)

\*BOARD PACKET\*





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## **BOARD MEETING**

**October 24, 2018**

## **REGULAR AGENDA ITEM 3**

**Receive and discuss reports from Board committees: Central Health Downtown Campus Committee and Budget and Finance Committee. (Informational Item)**



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## **BOARD MEETING**

**October 24, 2018**

## **REGULAR AGENDA ITEM 4**

**Discuss and take appropriate action on a ground lease agreement between Central Health and Travis County Emergency Services District 11, as recommended by the Budget and Finance Committee.1 (Action Item)**



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## **BOARD MEETING**

**October 24, 2018**

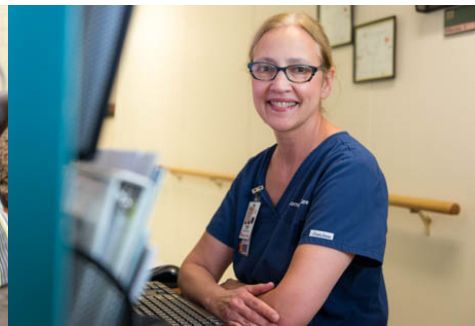
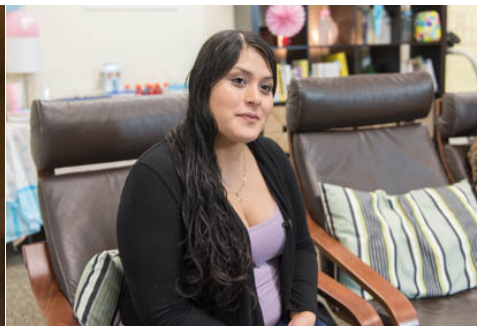
## **REGULAR AGENDA ITEM 5**

**Discuss and take appropriate action on a ground lease agreement between Central Health and Travis County Emergency Services District 4, as recommended by the Budget and Finance Committee.1 (Action Item)**



CENTRAL HEALTH

# Central Health Ground Lease Agreements Board of Managers Meeting October 24, 2018



# Background – Ground Leases with Emergency Services Districts

Document	Land to be Leased
Ground Lease between Central Health (Tenant) and Emergency Services District 11 (Landlord)	<ul style="list-style-type: none"><li>• Creates Central Health’s leasehold estate in land owned by ESD 11 at 7300 Kellam Rd., Austin, TX 78617.</li><li>• Central Health intends to sublease the land and any improvements it builds thereon to the University of Texas School of Nursing</li></ul>
Ground Lease between Central Health (Tenant) and Emergency Services District 4 (Landlord)	<ul style="list-style-type: none"><li>• Creates Central Health’s leasehold estate in land owned by ESD 4 at 14312 Hunters Bend Rd., Austin, TX 78725.</li><li>• Central Health intends to sublease the land and any improvements it builds thereon to CommUnityCare</li></ul>



# Key Agreed Upon Provisions

Provision	ESD 11	ESD 4
Term	30 years, with three optional 10 year extensions	2 years, with three optional 1 year extensions
Due Diligence Period	<p>Landlord and Tenant have 150 days to agree on:</p> <ul style="list-style-type: none"> <li>• the type of improvement to be built by Tenant and the site work to be performed by Landlord to make the land ready for construction;</li> <li>• the scope of services to be provided on the Land;</li> <li>• the entity to provide the services;</li> <li>• the days and hours on which the services are to be provided;</li> <li>• the reimbursement to be paid by Tenant to the providing entity; and</li> <li>• The outcome measures to evaluate services provided on the land</li> </ul>	Same, except there is no requirement to agree on reimbursement to be paid or the outcome measures



# Key Agreed Upon Provisions

Provision	ESD 11	ESD 4
Condition of Premises	Landlord makes no representations or warranties of any nature concerning the condition of the Land or its suitability for a particular purpose, but is responsible for identifying latent and patent defects through a site assessment	Landlord makes no representations or warranties of any nature concerning the condition of the Premises or its suitability for a particular purpose
Rent	\$1 per year during Initial Term; FMV during any Renewal Term	\$1,200 per year, plus \$100 per month



# Key Agreed Upon Provisions

Provision	ESD 11	ESD 4
Use of Space	Tenant may use the Land to construct a clinic and any other improvements, including a parking lot, and to operate a health care facility in which to provide clinical and non-clinical health related services	Tenant may use the Land to place or install a clinic and any other improvements, including a parking lot, and to operate a health care facility in which to provide health and social services
Subletting	Tenant may enter into subleases, without the Landlord's consent, if the sublessee is the entity who will provide health services; a sublessee may only use the Land for the uses permitted under this Lease.	Same as ESD 4





# Key Agreed Upon Provisions

Provision	ESD 11	ESD 4
<p><b>Major Default by Tenant</b></p>	<p>Tenant fails to pay any money owed to Landlord when due or uses (or allows another to use) the Land for a purpose other than that which is permitted. Occurrence of a major event of default gives Landlord the right to terminate the lease after giving Tenant notice</p>	<p>Same as ESD 11, except it is also a major event of default to interfere with the dispatch of emergency service responders from the property</p>
<p><b>Default by Landlord</b></p>	<p>Landlord fails to perform or observe any action, obligation, or condition contained in the Lease. If Landlord does not cure its default within 60 days of receiving notice, Tenant may terminate the Lease and Landlord will be required to reimburse Tenant for all expenditures it made to build the improvements on the land</p>	<p>Same, except Landlord does not have to reimburse Tenant for Tenant's expenditures. Landlord only has to reimburse the annual rent paid by Tenant</p>



# Key Agreed Upon ESD 11 Provisions

Provision	ESD 11	ESD 4
Limitation on Damages	Lease imposes no liability upon any member of the Board of Managers of Tenant or any employee. Tenant's total liability will not exceed the amount appropriated in Tenant's annual budget for leases and will never exceed \$500,000	Not addressed
Tenant's Interest in Premises/ Financing	Tenant may pledge and mortgage its interest in the Land for purposes of financing the construction of the health care facility to be located thereon	Not addressed



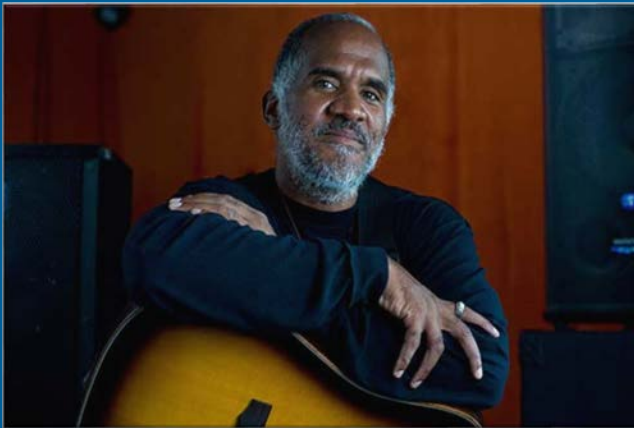


# CENTRAL HEALTH

(512) 978-8000

[www.centralhealth.net](http://www.centralhealth.net)

@centralhealthtx





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## **BOARD MEETING**

**October 24, 2018**

## **REGULAR AGENDA ITEM 6**

**Discuss and take appropriate action on strategies to expand the Central Health Premium Assistance Program related to Ideal Care offered by Sendero Health Plans, Inc.1 (Action Item)**



## MEMORANDUM

**To:** Central Health Board of Managers  
**From:** Mike Geeslin, President & CEO  
**CC:** Wes Durkalski, Sendero President & CEO  
**Date:** October 19, 2018  
**Re:** Update on CHAP – IdealCare by Sendero Strategy  
**INFORMATIONAL ITEM**

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### **Overview:**

The Central Health Board of Managers authorized an additional \$6 million for the Central Health Premium Assistance Program in the Fiscal Year 2019 Budget. This authorization is conditioned on the presentation of a viable operational and financial strategy. The strategy is undergoing testing within our target patient population. Staff will make the requisite report to the Board of Managers at the October 24, 2018 meeting. This memorandum serves as an update on activities to date.

### **Synopsis:**

#### **Current status and activities include:**

- Testing for interest and messaging.
- Validating pool size for risk index scores, which indicate the projected claims costs for members.
- Validating preliminary financial projections. The projections indicate a positive result for CY 2019, with a probable decrease in surplus and risk based capital (RBC) score for subsequent years. To be prudent, projections use conservative and adverse assumptions. The mix of members (current members and new members migrating from MAP) influence surplus and RBC. A combination of fewer renewing members and a small number of prior-MAP members with lower risk scores will adversely affect net income. Net income in turn affects surplus and RBC.
- Operating at the Enterprise level. Sendero community health workers and Central Health enrollment and eligibility staff have been instrumental in the effort to connect with members and measure interest for the premium assistance program. Further, management teams across the Central Health Enterprise have been engaged in the efforts to test for operational readiness and plan for continuity of care.

**Outreach and application challenges; activity and adaptations in initial testing:**

- Contact rates are lower than expected. The contact rate refers to the percentage of the total number of potential members who can be reached for person-to-person interaction.
- Once a person is successfully contacted and meets with a Sendero representative, a significant number are willing to complete an application for premium assistance.
- The process of transferring individuals from Central Health to Sendero representatives was simplified to enable potential members to engage directly with Sendero to better understand their options. The change in process was due to initial conversations not resulting in the expected application rate.
- Evaluation of application rates will continue, and such rates will affect conversion rates.<sup>1</sup> Members who decline to complete the application process may voluntarily disclose their reasons for declining. Reasons vary from contentment and preference for MAP, having no interest in discussing changes in general, to uncertainty in making changes to their health care coverage.
- There are challenges in contacting people, with lower than expected contact rates negatively affecting the potential pool of members. We have engaged the United Way Call Center and are contracting with certified community health workers to assist. Over 400 letters were mailed to potential members, in English and Spanish, to provide additional information on the premium assistance option.

Additional information will be provided as part of the report on strategy viability, including future outcome measures.

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<sup>1</sup> Conversion refers to accepting coverage following the application process for premium assistance.



## Central Health Premium Assistance Program Expansion for Coverage via IdealCare by Sendero

### Report on Strategy Viability & Business Plan Overview

#### *Synopsis:*

On Sept. 22, 2018, the Central Health Board of Managers (CHBOM) voted to allocate \$6 million in premium assistance funds for Sendero in FY 2019. The additional premium assistance funds will cover the costs for high health-risk individuals who are current Medical Access Program (MAP) or Sliding Fee Scale (SFS) members to enroll in Sendero IdealCare. Because the enrollees will be higher-risk, Sendero will receive payments through the Affordable Care Act risk adjustment program.

This strategy will financially stabilize the company in 2019 and offer select MAP and SFS participants a choice in how they fund their health care. As a condition of the \$6 million funding allocation, the Central Health President & CEO must present a report to the CHBOM on the viability of the premium assistance funds strategy.

In alignment with Central Health's mission, premium assistance is currently used by Central Health to provide access to health care and potentially achieve better or more stable outcomes.

#### **Assessment & Recommendation:**

At present, the Central Health Enterprise has developed and tested processes for providing MAP and SFS members an option to use a premium assistance program for purchase of health coverage in Sendero. The state of operational readiness is good. Initial tests indicate a functioning process to contact eligible persons and facilitate their application for premium assistance. The overall viability is favorable for 2019. It is likely, however, that in the years following 2019, financial results will not be as favorable.

**Recommendations:** (1) Proceed with the 2019 premium assistance program, with continued emphasis on the duration of the program being one year. (2) Tentatively: The projected financial performance evaluation originally slated for June 2019 might need to occur earlier in 2019. The projection will be heavily influenced by the mix of membership, as measured after open enrollment.

### ***Transaction Overview***

- Eligible MAP and SFS members with certain risk scores will be given the opportunity to move to an off-exchange<sup>1</sup> plan, IdealCare by Sendero.
- Central Health will pay the monthly insurance premiums for eligible members in 2019 through the Central Health Assistance Program (CHAP). CHAP will also cover the cost of co-pays and other out-of-pocket costs.
- In the months following the close of Sendero's fiscal year, which coincides with the calendar year, the reconciliation process for risk pool adjustments will occur based on Sendero members' health risk index scores.
- In August, the federal risk pool adjustment program will reimburse Sendero if the risk scores are high. If the risk scores are below a certain level, the Sendero will continue to pay into the risk pool.

### ***Operational Plan Overview***

Central Health, through the Community Care Collaborative (CCC), will identify the eligible members and initiate patient communication to inform members of their choice. Once a member has authorized sharing their information with Sendero, or consents to contacting Sendero directly, a Sendero Community Health Worker will meet with or contact the member and commence the application process. Enrollment will not be entered officially until the start of open enrollment and coverage begins on January 1, 2019. All MAP and SFS with enrollment renewals prior to the January 1, 2019 coverage start will be asked to renew with MAP or in the SFS of their primary care medical home.

**No one is required to enroll in IdealCare by Sendero – it is the member's choice. Central Health and Sendero will adhere to all legal and compliance requirements throughout this process.**

### ***Operational Co-Leads:***

CHAP-Kit Abney Spelce, Central Health Senior Director of Eligibility  
Sendero Health Plans, Wes Durkalski, CEO and designees

### ***Operational Plan Update:***

- Central Health worked with CCC data analytics to team to assess the health status of all MAP and SFS members. Through careful analysis utilizing the Centers for Medicare and Medicaid health risk score formula, the CCC has pulled data and created lists of potentially eligible members in a new CHAP expansion program in IdealCare by Sendero.
- CCC data analysts also ran members for potential eligibility utilizing their FY2018 risk scores.
- Central Health's Eligibility Team is contacting MAP and SFS members eligible for the move to IdealCare by Sendero to schedule in-person meetings discuss their options. Central Health is emphasizing MAP members have a choice to enroll in Sendero and can choose to stay in MAP.
- A written authorization is required to comply with HIPAA.
- Those who are interested will meet in person with a Sendero representative who can answer specific questions about what doctors and benefits are included in the plan.
- Eligible members may also call Sendero directly at a dedicated number.

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<sup>1</sup> "Off-exchange" refers to health plans that are not offered for purchase on a state or federal ACA marketplace exchange. Like plans sold on the exchanges, off-exchange plans are still required to provide essential health benefits. Companies sell off-exchange for many reasons, including the ability to focus marketing and offer broader networks.





- A Sendero representative will discuss the IdealCare by Sendero plan and benefits, including checking to see if a member's doctors or specialists are part of the plan's provider network.
- There will be no lapse in health coverage for MAP members. If an eligible MAP members chooses to move to IdealCare by Sendero, their MAP coverage will end on Dec. 31, 2018. Their coverage with IdealCare will begin, Jan. 1, 2019. Coverage with IdealCare by Sendero will continue through December 31, 2019.
- This opportunity will be offered only to a specific group of individuals based on their unique health situation. It is possible one person in a household is eligible while another is not currently eligible for this new program. However, family members may continue with MAP or SFS as long as they are eligible.
- CommUnityCare caseworkers begin outreach to CUC patients in active case management who are eligible starting the week of October 15, 2018.
- Central Health Eligibility trained call center staff to initiate phone calls. Remaining outbound calls began October 22, 2018.
- Assessment of efforts has occurred regularly as a test group of 96 were contacted/contact was attempted. Reports are given regularly to Enterprise leadership including Central Health President & CEO.

### Identification of Potential Participants

As noted above, staff have focused on completing and testing processes to enable MAP and SFS members to apply for premium assistance.

### **N = 543 have a FY18 Risk Score of 15 or Greater**

- 335 MAP Individuals
- 105 MAP Homeless
- 74 CUC SFS
- 29 Non-CUC SFS (CH cannot contact directly)

### Outreach Efforts as of Oct 24, 2018

### **Letters Mailed on Friday Oct. 19, 2018**

- **Total Mailed- 422**
  - MAP Eng- 198
  - MAP Span- 150
  - CUC SFS Eng- 40
  - CUC SFS Span- 34

### **Phone Calls**

- **Individuals Left Message or No Answer = 177**
- **Individuals with No Number or Working Number= 82**
- **Individuals Contacted = 130**
  - 25 Future Appointments
  - 50 Past Appointments
    - 20 No Showed ( 5 no longer eligible)
    - 30 Kept Appointments



- 11 Ineligible
- 20 Not interested
  - 10 Prefer MAP
  - 1 Insurance Difficult
  - 9 not answered
- 11 Interested but not scheduled
- 13 will call Sendero directly

**Sendero Appointment Status as of Oct. 23, 2018**

**30 face to face appointments**

- **22 Completed an Application**
  - 7 with a FY18 Risk Score Lower than 15
  - 15 with a Risk Score Higher than 15
  - Average Score- 27.94
  - Monthly Premium- \$23,083.58
  - FY19 Cost- \$207,752.22
- **3 Declined** (1 no longer eligible)
- **5 undecided** (2 no longer eligible)

***Operational Impact***– Please see attached flow charts in Addendum 1

All entities of the Enterprise are participating and critical to the success of this program. CCC data analytics are providing the data analysis establishing eligibility, CCC medical management are reviewing health records of eligible members, CUC data analytics have reviewed CUC patient data with CUC operations, CUC caseworker, eligibility, and Patient Navigation Center are scheduled to provide outreach where appropriate to CUC patients.

***CHAP-IdealCare Outcomes and Measures***

***Network Benefit***

Sendero will demonstrate the following in the November and December CHBOM meetings:

1. Presentation of Provider Network and Attainment of Required Credentialing and Approvals
2. Presentation of Operational Plans to Improve and Manage Health of Members with Chronic Conditions for Best Possible Outcomes

***Outreach***

**Central Health and Sendero will present the following measures for outreach to MAP and SFS for each reported period of time and cumulatively:**

1. Potential Pool of Eligible MAP and SFS Members, High Risk Scores
2. Number Contacted (Contact Rate)
3. Number Completing Application (Application Rate)
4. Number Offered Both Coverage and CHAP for MAP/SFS (Offer Rate)
5. Number Accepting and Effecting Coverage for CHAP MAP/SFS (Conversion Rate)



**Membership**

Starting in November, the following table will guide

	2019 Target Member Count	Actual Count for Period of Time	Cumulative	Target Risk Index Range	Projected Risk Index Range	Current Trend (Favorable/Unfavorable)
				Average	Average	
Total Ideal Care Enrollment	15,000-25,000					
Subtotal, Sendero non-CHAP membership renewal	11,250-24,000					
Subtotal, CHAP MAP/SFS Conversions	100-500			9-15 or greater		
Subtotal, New Sendero non-CHAP Membership	NA					

Demographic information will be provided regarding MAP/SFS who ultimately enrolled in Sendero under the CHAP program.

**Financial**

Commentary. The early projections indicate a positive result for Sendero in CY 2019, with a probable decrease in surplus and risk based capital (RBC) score for subsequent years. To be prudent, projections use conservative and adverse assumptions. The mix of members (current members and new members migrating from MAP) influence surplus and RBC. A combination of fewer renewing members and a small number of prior-MAP members with lower risk scores will adversely affect net income. Net income in turn affects surplus and RBC.

Reporting Framework. Projections will be made at the beginning of typical financial periods, with revisions to indicate whether trends are favorable or unfavorable. The following tables provide both an illustration and working reporting format for tracking financial results.

EOY Target & 2019 Q2 Trend Revisions	2019	2020	2021
Membership Target			
Membership Trend			
Membership Target Count-Index Score Composite Mix (non-			



CHAP and CHAP weighted for index score)			
Membership Trend Count-Index Score Composite Mix (non-CHAP and CHAP, weighted)			
Net Income Target			
Net Income Trend			
Surplus Target			
Surplus Trend			
RBC Target			
RBC Trend			

\* The above trends will be revised early to mid-2019 Q2.

Net Income	2019	Surplus	2019	RBC	2019
Target <b>Net Income</b> 2019 Q2 (Projected in Q1)		Projected <b>Surplus</b> Net of MLR Requirements Q2 (Projected in Q1)		Projected <b>RBC</b> Q2 (Projected in Q1)	
Actual Net Income Q1		Actual Surplus Q1		Actual RBC Q1	
Projected Net Income Q2 (Projected early-mid Q2)		Projected Surplus Q1 (Projected early-mid Q2)		Projected RBC Q2 (Projected early-mid Q2)	
Favorable/Unfavorable Trend End Of Q2		Favorable/Unfavorable Trend EOQ2		Favorable/Unfavorable Trend EOQ2	
Projected Net Income EOY 2019 (Projected early-mid Q2)		Projected Surplus EOY 2019 (Projected early-mid Q2)		Projected RBC EOY 2019 (Projected early-mid Q2)	
Favorable/Unfavorable Trend EOY		Favorable/Unfavorable Trend EOY		Favorable/Unfavorable Trend EOY	

\* Revenue and expense detail will be provided to validate net income, including claims activity by cohort (non-CHAP and CHAP MAP/SFS) and any reinsurance recoveries outside of the federal risk pool adjustment.

\* Cash Flow Projections will be provided to ensure sufficient cash flows for operating activity prior to any expected risk pool adjustments

***Central Health Return on Investment/Future Investment***

Between February and April, pending key data reporting from the prior year, Central Health will report on the financing, or dollars leveraged, and health care costs, or amount of health care purchased, for MAP and SFS patients on a per member per year basis. This reporting will provide a comparison to the CHAP MAP/SFS funding investments and claims costs; however, it will be difficult to adjust for the differences due to the severity of health conditions and the outcomes.



Additionally, a detailed report on the premiums and out of pocket expenses covered for CHAP MAP/SFS will be provided at quarterly intervals. This information will be used to measure the adequacy of an \$8 million projected, annual investment in the premium assistance program.

***Risks – Adverse patient outcomes or impact, financial, reputational, organizational related to workforce or assets.***

As with any insured product, patient or member outcomes and service take priority. Any changes or adverse developments with Central Health or Sendero must be addressed by advance operational plans to ensure continuity of care and time for members to adapt to any changes. These plans should be previewed in March 2019.

Should the program fail to attract enough members with the necessary health status, Sendero’s ability to leverage federal risk pool dollars will diminish, but required capital and reserves to support additional patients still required. These risks will be better enumerated in quarterly reporting that focuses on surplus and RBC.

If Sendero becomes unstable or initiates a wind-down, workforce will be negatively affected, resulting in higher personnel and operating costs. These costs will ultimately be the responsibility of Central Health absent any increase in Sendero operating income. Reputational risk will affect both Central Health and Sendero, and will require proactive planning to address any expected issues.

Lastly, Sendero, being a regulated entity, is exposed to regulatory decisions at the state and federal level. Such risk includes changes in the federal risk pool, inability to charge adequate rates, and arbitrary changes in the application of laws and regulations that affect the ability to operate.

***CHAP Member Evaluation – Member Satisfaction***

Sendero, with support from Enterprise partners, will report using customary member utilization, outcomes, and satisfaction data. Reporting will occur based on Sendero management’s compilation of underlying data.

***Timeline for Execution***

***Key Dates:***

October 24, 2018 – Central Health Board of Managers receive President & CEO assessment as to viable strategy for CHAP and IdealCare

November 1, 2018 – Open enrollment begins

November 28, 2018 – Mid-open enrollment data presented to Central Health Board of Managers

December 15, 2018 – Open enrollment closes

December 19 CHBOM Meeting – Report on non-Travis County Sendero Member Population and Associated Costs

January 2-30, 2019 – Enrollment data to date compiled and reported

Quarterly and monthly reports commence in January 2019 and continue through June 2019

June 2019 – Third-party actuarial evaluation of financial results; CHBOM decisions regarding future funding and investment for Sendero

***Requisite Approvals - Organizational governance and regulatory***



October 24, 2018 – Central Health Board of Managers receive President & CEO assessment as to viable strategy for CHAP expansion in IdealCare; corresponding approval of premium assistance funds pending review of assessment.



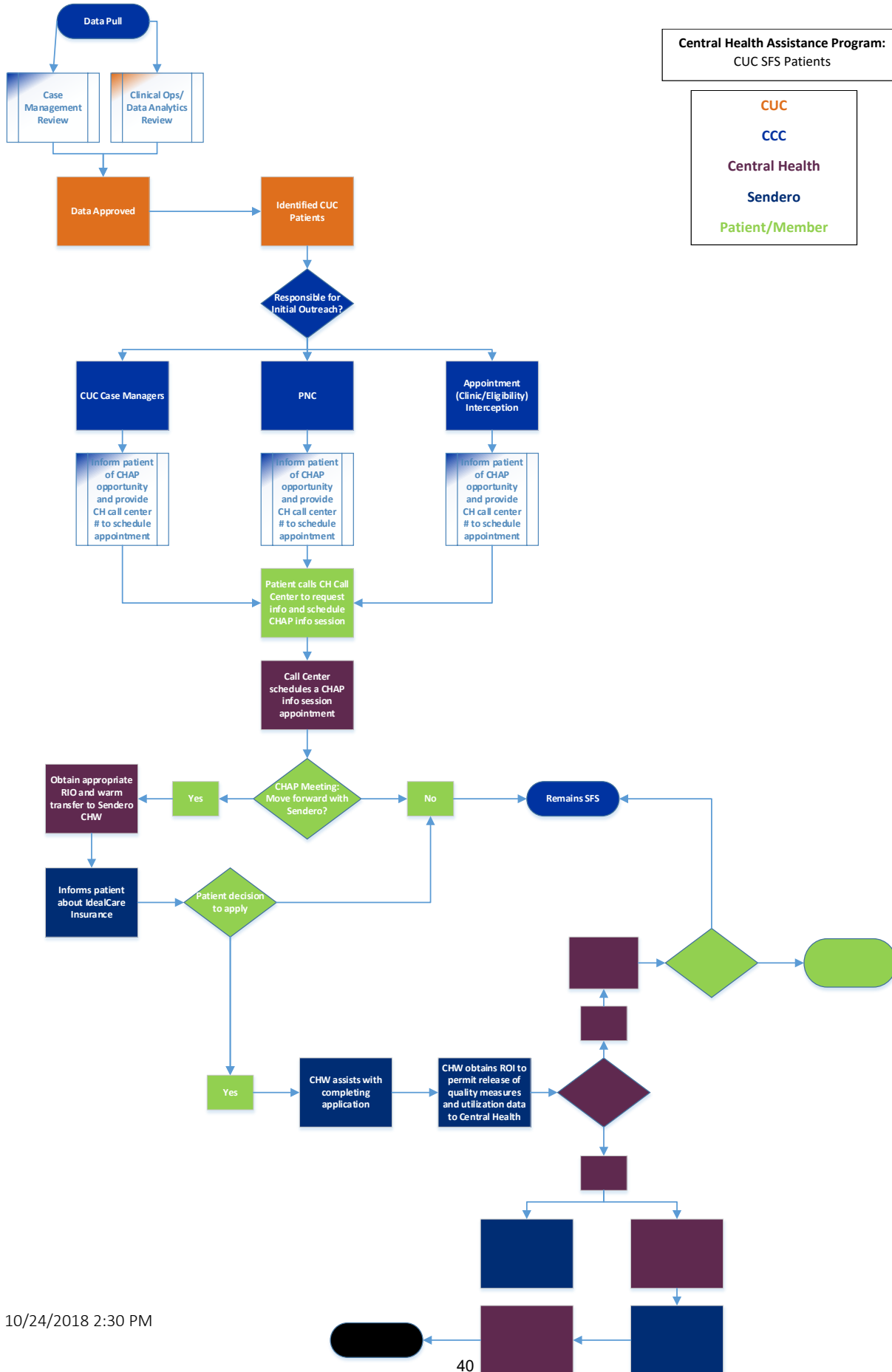
**CENTRAL HEALTH**

Addendum 1



Central Health Assistance Program:  
CUC SFS Patients

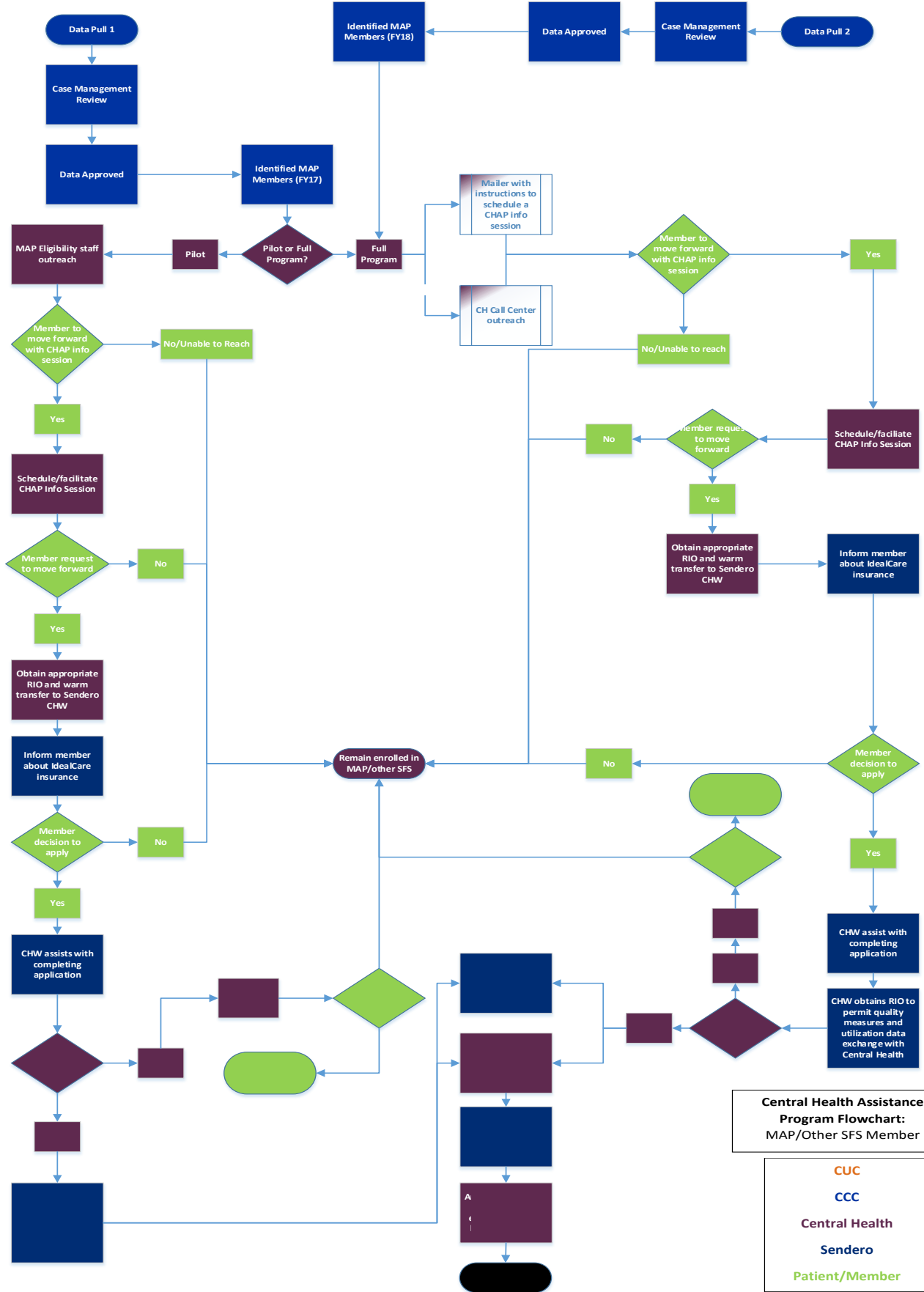
CUC  
CCC  
Central Health  
Sendero  
Patient/Member







# CENTRAL HEALTH



Central Health Assistance Program Flowchart: MAP/Other SFS Member

CUC  
 CCC  
 Central Health  
 Sendero  
 Patient/Member



CENTRAL HEALTH

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## **BOARD MEETING**

**October 24, 2018**

## **REGULAR AGENDA ITEM 7**

**Discuss and take appropriate action on an agreement between Central Health and Foundation Communities for Health Insurance Enrollment and Case Management Services.1 (Action Item)**



**MEMORANDUM**

**TO:** Central Health Board of Managers

**CC:** Mike Geeslin - President & CEO  
Larry Wallace – Enterprise Chief Administrative Officer

**FROM:** Kit Abney-Spelce, Senior Director of Eligibility Services  
Mary Quintero - Procurement Supervisor

**DATE:** October 22, 2018

**RE:** Agenda Item 7 – Agreement for Health Insurance Enrollment Services

**Overview**

Since passage of the Affordable Care Act, Central Health has engaged a contractor to provide health insurance enrollment services and assistance with navigation services and troubleshooting of complex medical and enrollment needs to uninsured, underinsured and low income Travis County residents at or below 200% of the Federal Poverty Level. In September, Central Health issued a Request for Proposals (RFP) for health insurance enrollment and navigation assistance. Additionally, the RFP sought assistance with troubleshooting of complex medical and enrollment needs for Travis County residents seeking to enroll into a Qualified Health Plan offered through the Health Insurance Marketplace.

**Synopsis**

The purpose of the solicitation was two-fold. First, identify qualified contractor(s) to provide health insurance enrollment services into Qualified Health Plans offered through the Health Insurance Marketplace. Second, identify contractors who will provide ongoing assistance with navigation and troubleshooting of complex medical and enrollment needs.

The solicitation had two distinct components for which the Proposers could submit a proposal. Component I included providing successful enrollment of Travis County residents into Qualified Health Plans offered through the Health Insurance Marketplace during the Annual Open Enrollment Period. Component II included providing successful enrollment of Travis County residents into Qualified Health Plans offered through the Health Insurance Marketplace during Special Enrollment Periods and assisting clients throughout the fiscal year, with navigation and troubleshooting of complex medical and/or enrollment needs. Proposers were not required to bid on both Components; but rather, were able to submit a proposal for Component I only or submit a proposal for both Component I and II. Proposers were not allowed to submit a proposal solely for Component II.

### ***Solicitation Process***

This procurement was suitable for the Request for Proposals (RFP) method because:

- The selection of a contractor would be based on evaluation factors other than price alone.
- Discussions or negotiations may be applicable to address technical requirements as well as proposed cost or price aspects of the offeror’s proposal, and;
- An opportunity would be available, if needed, to revise the proposal and submit a best and final offer (BAFO).

The RFP was issued on September 12, 2018 and advertised on BidSync, Central Health’s website, ESBD-State website, the Austin American Statesman and Ahora Si – Spanish edition publication. The solicitation closed on October 1, 2018 - 6,625 suppliers were notified, 324 Disadvantaged Business Enterprises, 502 Minority Business Enterprises, 798 Small Businesses and 402 Women Business Owned through BidSync. In addition 10 suppliers were targeted via direct email.

A good faith effort to recruit Historically Underutilized Businesses (HUB) was requested of proposers.

### ***Proposal Evaluation***

Three (3) proposals were received in response to the RFP. The evaluation team reviewed and ranked the three proposals, evaluating each component separately.

The Evaluation Committee was comprised of five (5) Central Health and Community Care Collaborative employees working in outreach, eligibility and enrollment, and social work. The committee was culturally diverse, including White and Hispanic evaluators, who all have experience working directly with the population targeted in this proposal. Two evaluators were from Eligibility and one from Outreach plus two (2) CCC social workers.

### **Component I**

<b>1</b>	The Proposer’s demonstrated, relevant work experience on projects of a similar scope, complexity and nature.
<b>2</b>	The Proposer’s demonstrated understanding of the project undertaking, its proposed plan for the performance of the work, including its proposed process for scheduling appointments and ensuring availability of appointments, and Proposer’s expected hours of operation.
<b>3</b>	The Proposer’s demonstrated, capabilities and proposed mean(s) for providing services to individuals with varying levels of education, financial and health literacy in a manner that is culturally and linguistically appropriate.

4	The Proposer’s pricing, pricing methodology and proposed number of clients to be enrolled in Qualified Health Plans offered through the Health Insurance Marketplace during the Open Enrollment Period.
5	The Proposer’s demonstrated, proposed monitoring and reporting system, (e.g., tracking tool/records). This factor will require submission of a proposed format for tracking tool(s), and monthly reports.

**Component II**

1	The Proposer’s demonstrated, proposed process for providing assistance to clients throughout the fiscal year with navigation and troubleshooting of complex medical needs.
2	The Proposer’s demonstrated, proposed process for providing assistance to clients throughout the fiscal year with navigation and troubleshooting of complex enrollment needs.
3	The Proposer’s analysis of the Top 5 Qualified Health Plans offered in Travis County for clients with complex medical needs, including, but not limited to HIV, Cancer & Diabetes.
4	The Proposer’s analysis of all Qualified Health Plans offered in Travis County.

Central Health Procurement staff held an in-person, pre-proposal meeting to provide an opportunity for potential proposers to ask questions and seek clarification regarding the RFP. The Proposers were also given the opportunity to ask questions and seek clarification at other points in the process. All questions and responses were publically posted on the three websites where the original solicitation was posted.

After review of the proposals, the Evaluation Committee had additional questions for the Proposers, which were submitted to all three via email.

***Contract Award***

The unanimous recommendation by the evaluation team was to award to Foundation Communities a contract to provide services for both Component I and II.

***Contract Term***

The initial contract term will be one (1) year with three (3) possible twelve (12) month options.

***Pricing***

Fair and reasonable have been determined based on a comparison to similar rates in the market for similar services.

**Action Requested**

Request that the Board of Managers approve an agreement between Central Health and Foundation Communities for health insurance enrollment and case management services.

**Fiscal Impact**

Funding for these services was included in the Fiscal Year 2019 Central Health budget for ACA Education and Enrollment. Based on the proposal received from Foundation Communities, the cost of Component I will be \$125,000 and the price for Component II will be \$75,000 for a total not-to-exceed for the initial term of \$200,000.



## MEMORANDUM

**To:** Central Health Board of Managers

**From:** Ted Burton, VP of Communications

**CC:** Mike Geeslin, President & CEO

**Date:** October 24, 2018

**Re:** Affordable Care Act (ACA) Education and Awareness Initiative

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In preparation for the ACA Open Enrollment Period for the Health Insurance Marketplace, Central Health has launched a bilingual public education and awareness initiative. The marketing and communications initiative will focus on Travis County residents between 100 – 200% of the Federal Poverty Level (FPL).

Central Health issued a task order to 10 firms that are part of our pre-certified Communications Vendor Pool. Three firms responded to the task order, and the Central Health evaluation team selected Cultural Strategies, a certified Texas Historically Underutilized Business (HUB).

### **Paid Media**

The budget for the public education initiative is \$150,000, which was part of the FY 2019 approved budget. The paid media plan includes newspaper, radio, television, and digital advertisements. We chose a wide array of media in order to reach the largest number of people who may be potentially eligible to enroll in the Marketplace.

Print ads will be featured in The Austin Chronicle, The Villager, and El Mundo. Radio stations will have a mix of pre-recorded :30-second spots, :15-second traffic sponsorships, and local station talent delivering our message. Radio stations are some of the top-rated in the market, and include:

- KLJA-FM Amore 107.7 (Spanish adult contemporary)
- KVET-FM 98.1 (Country)
- KPEZ-FM 102.4 The Beat (Top 40/R&B)
- KAMX-FM Mix 94.7 (Adult contemporary)
- KKMJ-FM RnB 95.9 (Urban adult contemporary)

- KLZT-FM La Z 107.1 (Regional Mexican)
- KROX-FM 101X 101.5 (Spanish contemporary)
- KLBJ-FM 93.7 (Classic rock)

Additionally, Central Health has a year-long marketing agreement with KAZI-FM 88.7, which includes promotional opportunities and on-air interviews. We are hosting an hour-long show on Tuesday, Oct. 30 promoting ACA Open Enrollment.

Finally, our digital media plan features advertisements on Google AdWords and on Facebook.

Many of the components of this year's ACA public education and awareness initiative were used in previous years and proved to be effective. This year's efforts will be supplemented by grass-roots outreach, earned media, and social media.

### **Earned Media**

Foundation Communities is hosting a media event with Congressman Lloyd Doggett on Monday, Oct. 29. Central Health and CommUnityCare are discussing an enrollment media opportunity for Nov. 1.

Finally, Central Health is coordinating ACA marketing efforts with several other organizations including Foundation Communities, St. David's Foundation, Center for Public Policy Priorities, SIMS Foundation, Health Alliance for Austin Musicians, United Way of Greater Austin, and many more. Central Health attended a working session at St. David's on Monday, Oct. 15 with about 15 other organizations to gather input and shape strategies, and ensure messaging and marketing efforts are coordinated and comprehensive. We're sharing media plans to reduce media buy redundancy and inefficiencies.





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## **BOARD MEETING**

**October 24, 2018**

## **REGULAR AGENDA ITEM 8**

**Discuss and take appropriate action on the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) projects, the Community Care Collaborative, including health care delivery arrangements, and other interrelated community partnerships.1 (Informational Item)**



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## **BOARD MEETING**

**October 24, 2018**

## **REGULAR AGENDA ITEM 9**

Discuss and take appropriate action on Central Health owned property, including the Downtown Campus and adjacent properties.<sup>1</sup> (*Informational Item*)



## CENTRAL HEALTH

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## **BOARD MEETING**

**October 24, 2018**

## **REGULAR AGENDA ITEM 10**

Confirm the next regular Board meeting date, time, and location. (*Informational Item*)



# Central Health Southeast Health and Wellness Center Summary Report

## Central Health Open House 3/23/2018:

Community partners were invited to participate in an open house to view the facility and discuss the population affected by Southeast Health and Wellness Center (SEHWC), as well as the activities and programs that will be implemented there, and the role each of the partner organizations can play. This meeting was a way for community organizations to network and develop ideas to collaborate. Deanna Hoelscher and Kelsey Herron attended on behalf of the Center.

## Summer Lunch Program Observation 7/27/2018:

Two Center staff (Jesse Balderrama and Kelsey Herron) observed the summer lunch program to determine activities to implement and resources to handout to individuals. Here, Central Texas Food Bank provides free meals to children daily, and Central Health provides food for parents so that families can eat together and are more inclined to come to the lunch program. Around 50-150 families attend every day, with some days being busier than others. Majority of the population that attends the summer lunch program speaks Spanish.

## Implementing CATCH Activities:

Center Staff have implemented different CATCH activities with children after they receive their meal during the summer lunch program at SEHWC. Activities were selected based on limited space and age range of children attending (3-15 yrs), and are rotated depending on staff in attendance and children that are participating. Below is a brief summary and instructions of how to play each activity that was selected. *Table 1* tracks the number of families in attendance, total meals served and how many individuals participated in CATCH games. The Healthy Living Challenge Calendars were also distributed to children during these CATCH activity games.

Table 1. SEHWC Summer Lunch Program Tracking

Date	Center Staff in Attendance	Adults at Lunch	Children at Lunch	Total Meals Served	CATCH Activity Participation
8/3	Jesse Balderrama, Natalie Neumann	43	62	100	15
8/7	Amelia Roebuck, Jesse Balderrama	28	45	73	20
8/9	Julie Latcham, Melissa Campos-Hernandez	22	31	52	10
8/10	Yolanda Guzman, Natalie Neumann	26	38	64	14
8/14	Natalie Neumann, Amelia Roebuck	28	35		8
8/16	Tori Odetunde, Kate Neal	19	30	49	5
Date	Center Staff in Attendance	Total Attendance		Estimated participants at booth	
8/17 (Health Fair)	Kate Neal, Tori Odetunde, Yolanda Guzman, Kelsey Herron	900		100	

### Brief Summary and Instructions of CATCH Games implemented at SEHWC.

#### CATCH Activities for Southeast Health and Wellness Center

There will be limited space available and there may only be one child at a time that finishes his or her meal. These activities were chosen so that we could work in limited space and add in people if more children finished their food and wanted to join. In addition to these we can also do the Tic Tac Toe race game.

- Blob Tag:
  - One tagger will tag other players. When tagged, players become part of the “blob” and must hold hands or lock elbows with other members of the blob and continue tagging other players until no one is left.
- “Busy Bee”n Bag:
  - One player is inside of a hoop while one or multiple other players are inside of a different hoop or hoops. When a signal is given (or with music) players toss food stress balls in the opposing team’s circle until told to stop. The object is to have no food stress balls in your circle when the game finishes.

- Fire Brigade:
  - Two hoops are separated by 10-15 feet. One has 4 items inside and is called the “water well”. The other hoop is empty and is the “fire”. Groups of players must relay the items to the fire by handing them to other players (overhead/under/side).
- Partner Challenges:
  - Slap hands: One player holds hands palms up while the other holds hands palms down player one tries to slap player two’s hands. Switch after 4 tries.
  - Backward get up: Partners sit back to back with knees bent and elbows interlocked and try to get up.
  - Knee tag: Players face each other and try to tag each other’s knees with their hands.
- Team Rock Paper Scissors:
  - Two teams line up to face each other. Depending on the sign thrown, the winning team will tag members of the other team before reaching a safe zone. Tagged players become part of the other team. This can be adapted to just two people playing.

### Back to School Health Fair 8/17/2018:

Four Center staff (Kelsey, Kate, Yolanda, and Tori) attended the SEHWC Back to School Bash on 8/17. They were able to provide handouts to parents and children (challenge calendars/HFIED Fact sheets, SSB amounts, etc.). The Center donated seven backpacks full of school supplies collected by Center staff, which were raffled off to the public. Around 900 individuals attended this Health Fair, and around 100 visited the Center table.

### Future SEHWC Activities

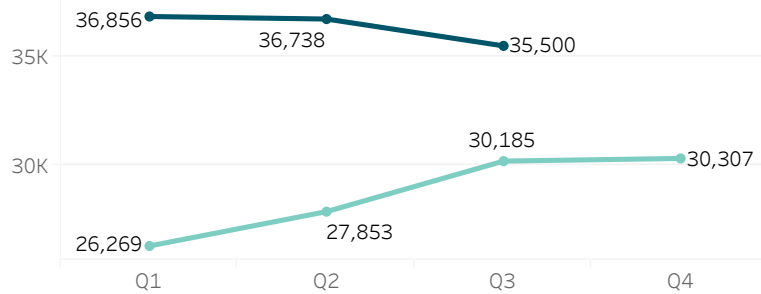
The Center is working on coordinating efforts of hosting practicum and volunteer students at SEHWC, and involving them in programming. Projects may also use this site for data collection, survey implementation, and more. More updates on this process will be provided as they continue to develop.

# FY2018 CCC Preliminary Reporting

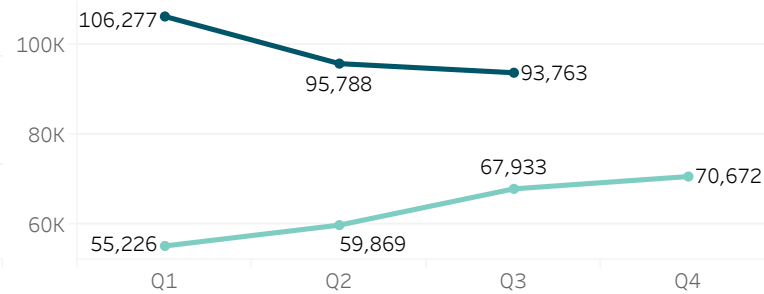


CENTRAL  
HEALTH

## CCC Primary Care Patients



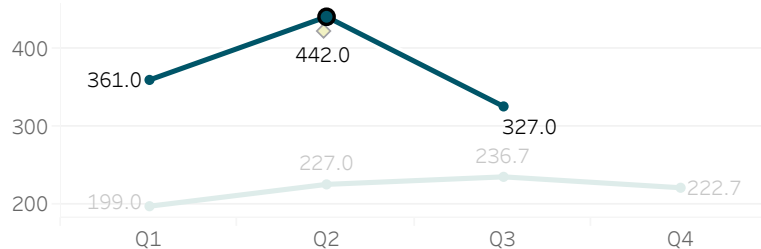
## CCC Primary Care Encounters



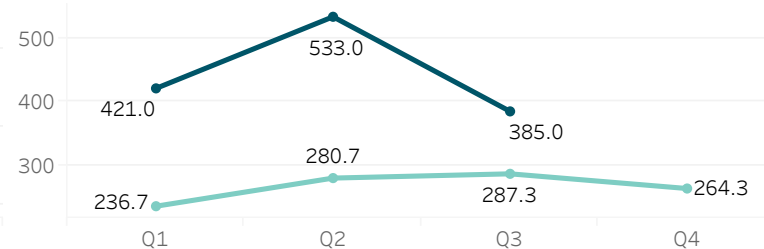
**\*Primary care summary:** The preliminary patient count for Q3, FY 2018, exceeded the three-year average by 5,315. Encounters for Q3, FY 2018 exceeded the three-year average by 28,830. The increased number of encounters in FY 2018 can be partially attributed to the implementation of new contracting to cover the costs of visits with nutritionists, clinical pharmacists, nurses and medical assistants.

Legend  
■ FY2015-2017 Average  
■ FY2018

## CCC Urgent Care Patients

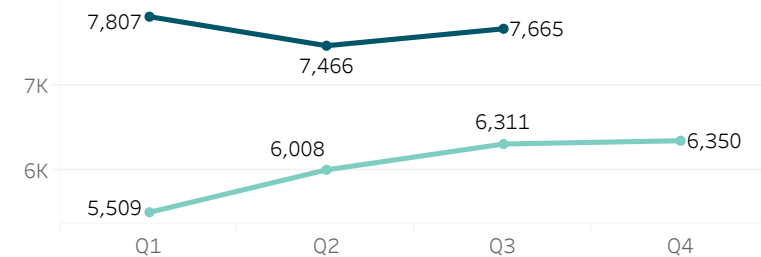


## CCC Urgent Care Encounters

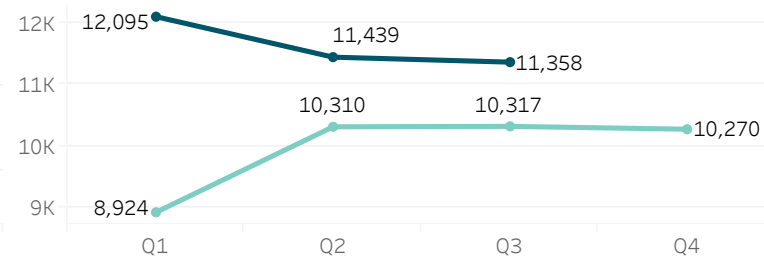


**\*\*Urgent care summary:** The preliminary patient count for Q3, FY 2018 exceeded the three-year average by 91. Encounters for Q2, FY 2018 exceeded the three-year average by 97.7. Q3, FY2018 represents an undercount of urgent care patients and encounters due to a typical 95-day billing cycle lag.

## CCC Primary Care Dental Patients



## CCC Primary Care Dental Encounters

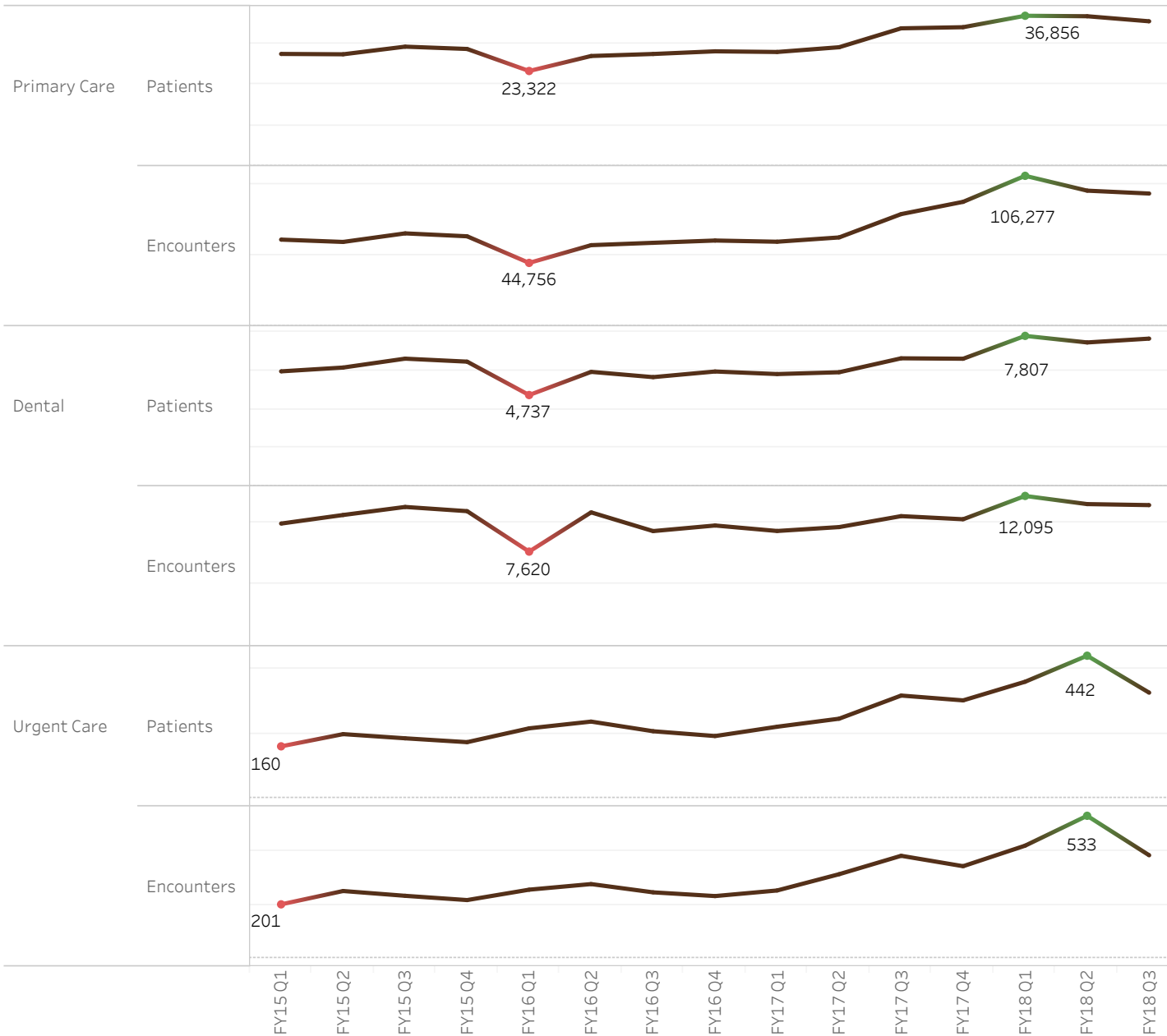


**\*\*\*Primary care dental summary:** The preliminary patient count for Q3, FY 2018 exceeded the three-year average by 1,354. Encounters for Q3, FY 2018 exceeded the three-year average by 1,041.



# Community Care Collaborative, Longitudinal Trends

## CCC Longitudinal Trends with Historical Highs and Lows



**CENTRAL  
HEALTH**

**\*Primary care notes:** When multiple services are provided on the same day, each service is counted separately. Additionally, due to a change in billing practice, labs and radiological services were reported as separate encounters starting in Q1 FY18.

**\*\*Urgent care notes:** Includes the following providers: FastMed, Nextcare, RediClinic and Benchmark. Q3 FY18 represents an undercount of urgent care patients and encounters due to a typical 95-day billing cycle lag.

**\*\*\*Primary care dental notes:** Dental encounters were identified by billing procedure codes that indicated a dental intervention or by place of service that indicated a dental office. Specialty dental is not included.

# Primary Care Clinical Quality

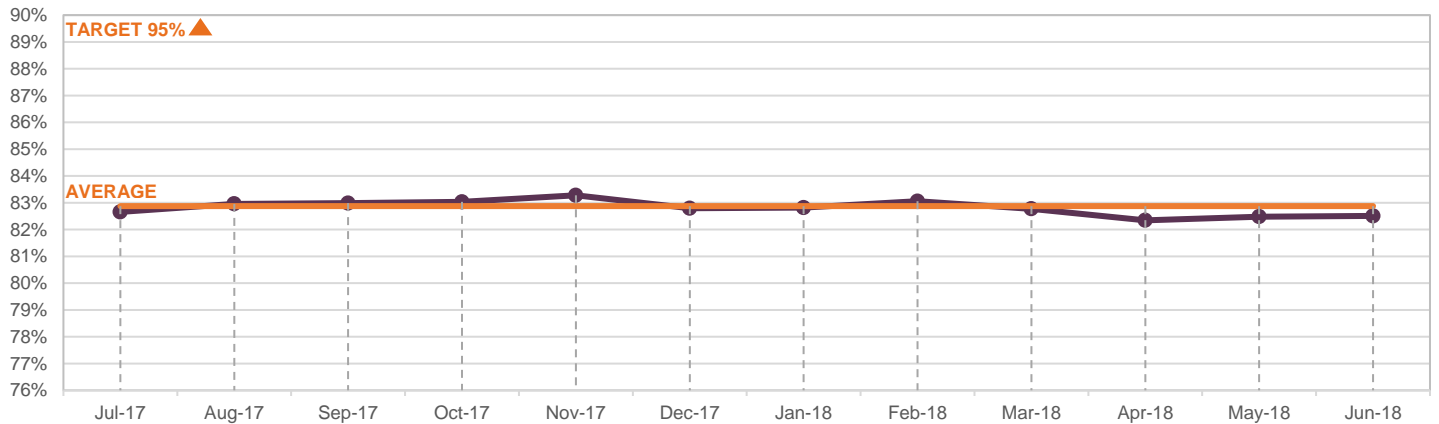
Rolling 12 Months

MAP and Sliding Fee Scale Patients



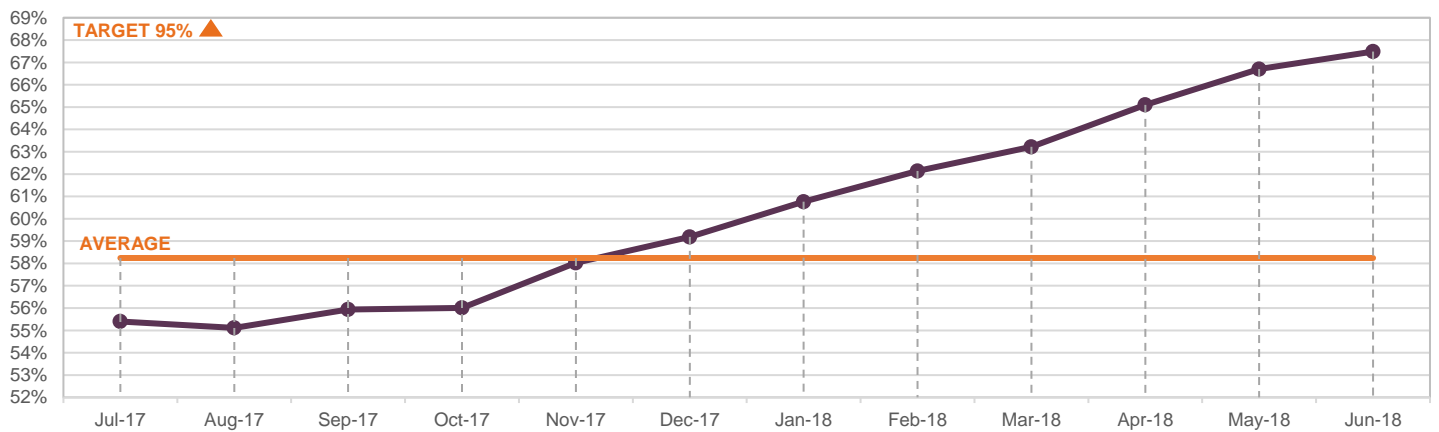
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## ACE/ARB MEDICATION MONITORING



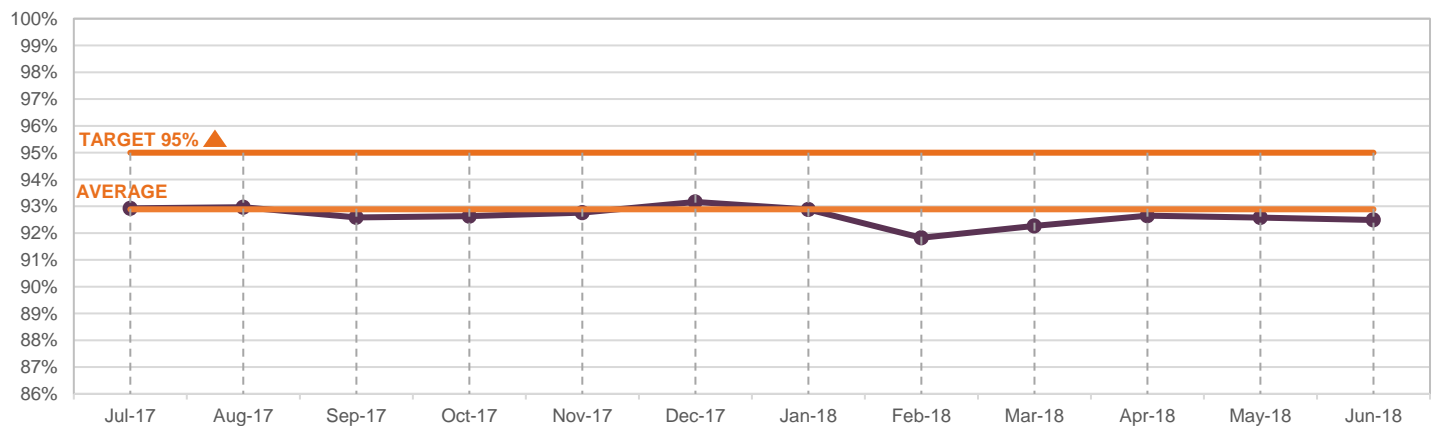
Kidney damage is a rare side effect of these medications which are used to treat high blood pressure. This chart shows the percentage of patients 18 years of age and older with 180 days of treatment whose kidney function was tested as recommended.

## ANNUAL FOOT EXAM (DIABETIC PATIENTS)



People with diabetes are more prone to circulatory and nerve problems that can affect their feet. This chart shows the percentage of diabetic patients ages 18 - 75 who received a complete foot examination (visual inspection, a sensory exam and a pulse exam) within the last year.

## NEPHROPATHY SCREENING (DIABETIC PATIENTS)



Diabetes can impact a patient's kidney function. This chart shows the percentage of diabetic patients ages 18 - 75 who were screened for nephropathy (kidney damage) as recommended within the last year.

# Primary Care Clinical Quality

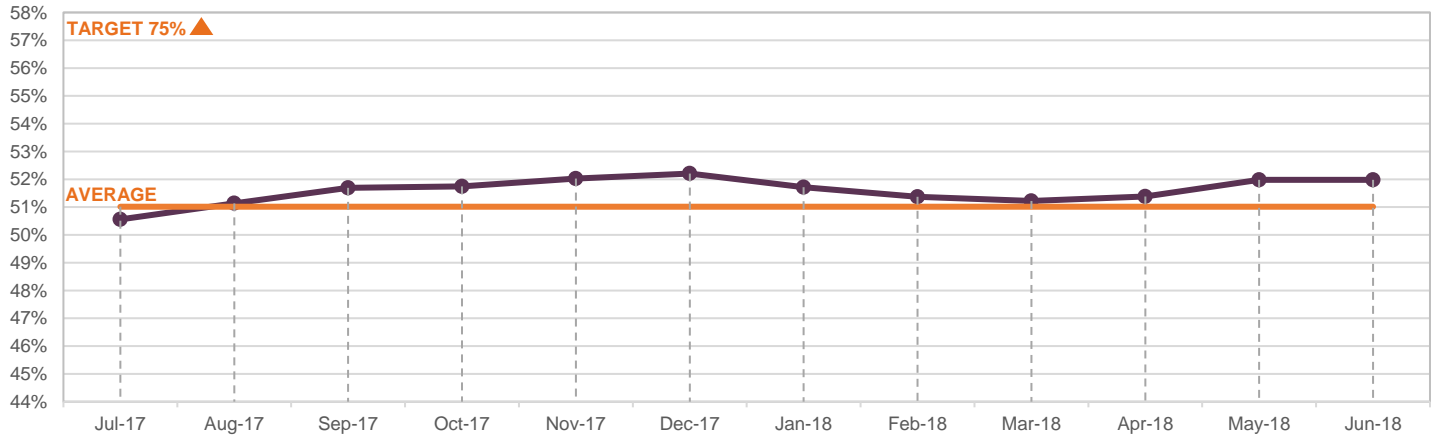
Rolling 12 Months

MAP and Sliding Fee Scale Patients



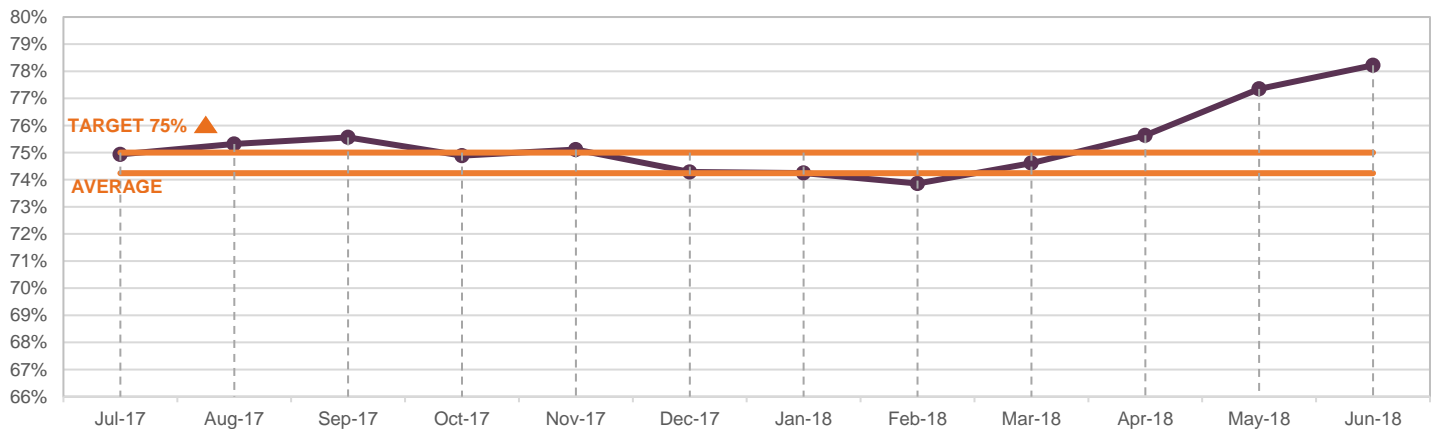
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## HbA1c CONTROL <8% (DIABETIC PATIENTS)



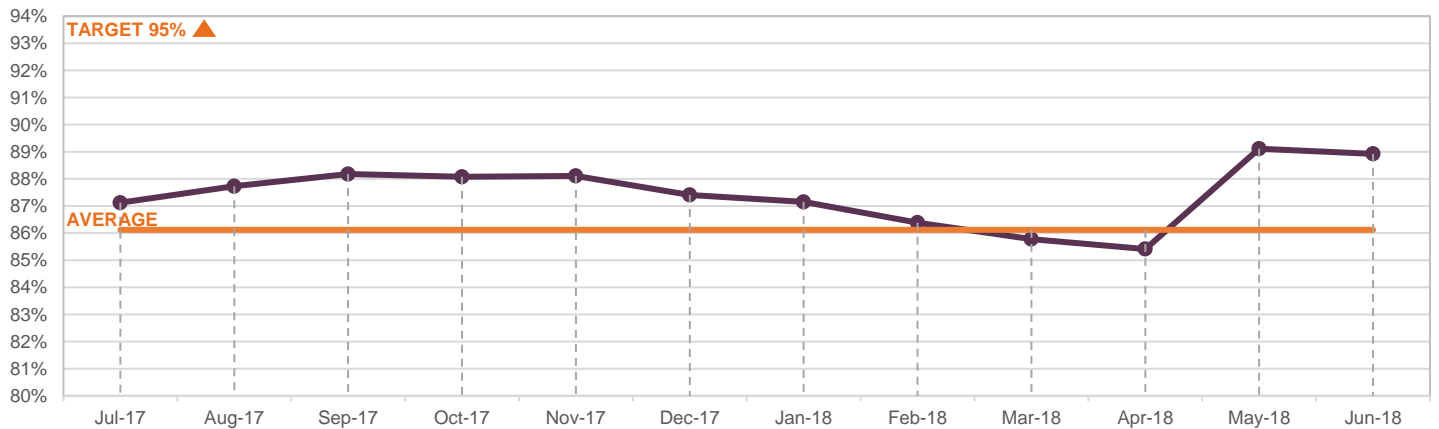
Hemoglobin A1c (HbA1c) is a measure of blood sugar control over the last three months. This chart shows the percentage of diabetic patients ages 18 - 75 whose most recent HbA1c was <8.0 during the measurement year.

## BLOOD PRESSURE CONTROL <140/90 (DIABETIC PATIENTS)



This chart shows the percentage of diabetic patients ages 18 – 75 whose most recent recorded blood pressure during the measurement year was below 140/90.

## BODY MASS INDEX (BMI) SCREENING AND FOLLOW UP



This chart shows the percentage of patients 18 years and older whose BMI was measured at their last visit or within six months before that visit AND when the BMI was out of range (too high or too low), these patients were given a follow-up plan at the visit or within the previous six months.

# Primary Care Clinical Quality

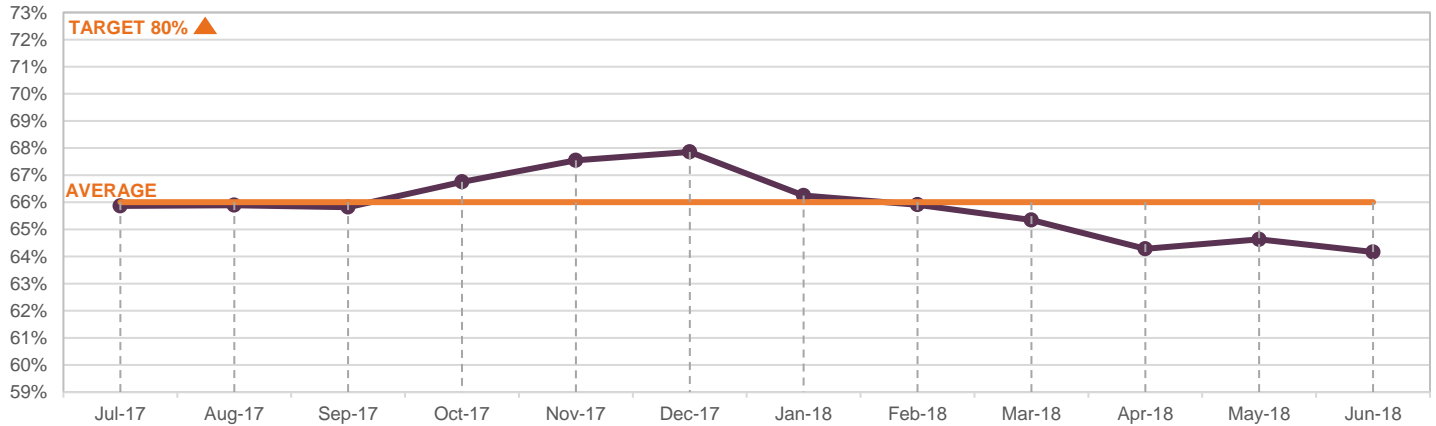
Rolling 12 Months

MAP and Sliding Fee Scale Patients



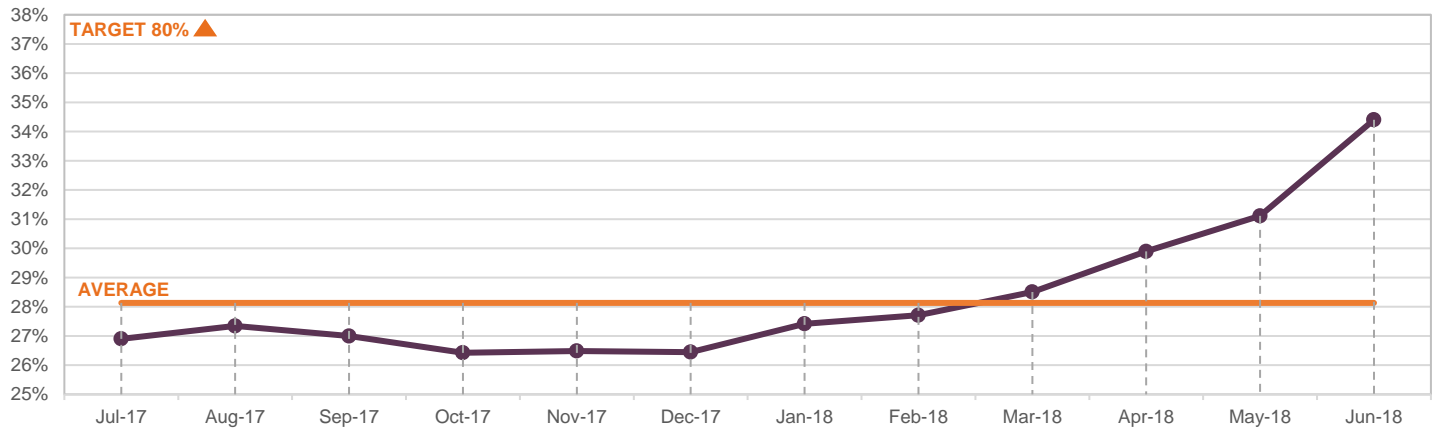
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## CERVICAL CANCER SCREENING



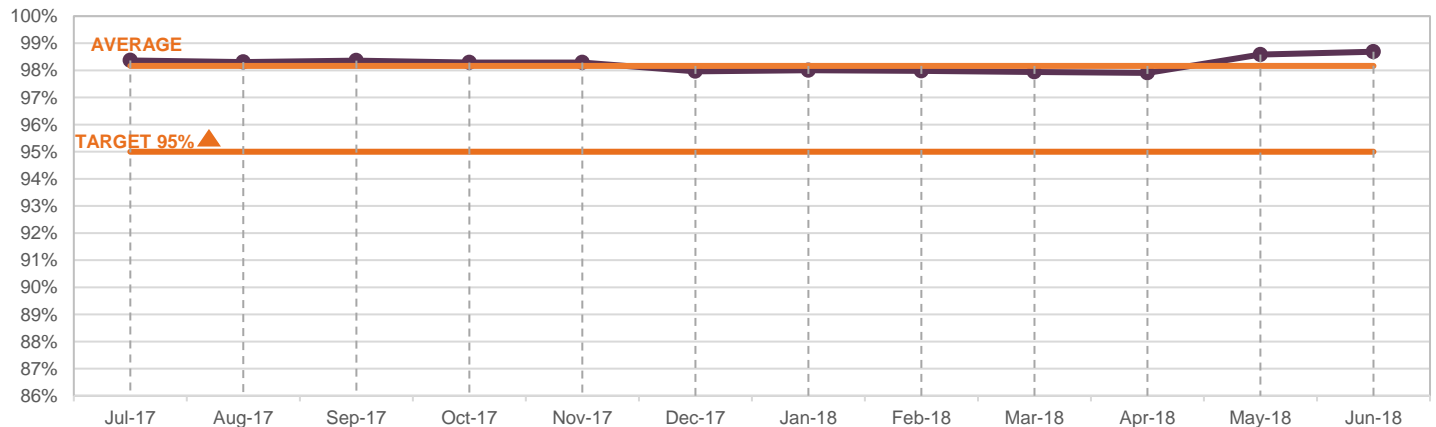
This chart shows the percentage of women ages 21 – 64 who received a Pap test as recommended to screen for cervical cancer.

## COLORECTAL CANCER SCREENING



This chart shows the percentage of adults ages 50 - 75 who were screened for colorectal cancer as recommended.

## TOBACCO USE SCREENING AND CESSATION INTERVENTION



This chart shows the percentage of patients 18 years or older who were screened for tobacco use within the last 24 months AND if they were a tobacco user, these patients were given tobacco cessation counseling.

# Primary Care Clinical Quality

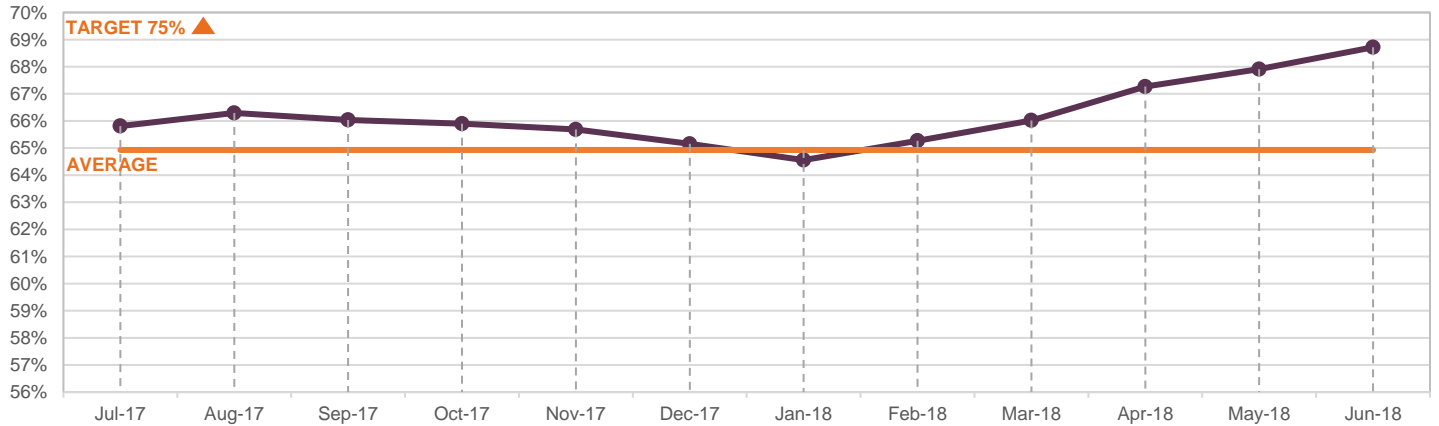
Rolling 12 Months

MAP and Sliding Fee Scale Patients



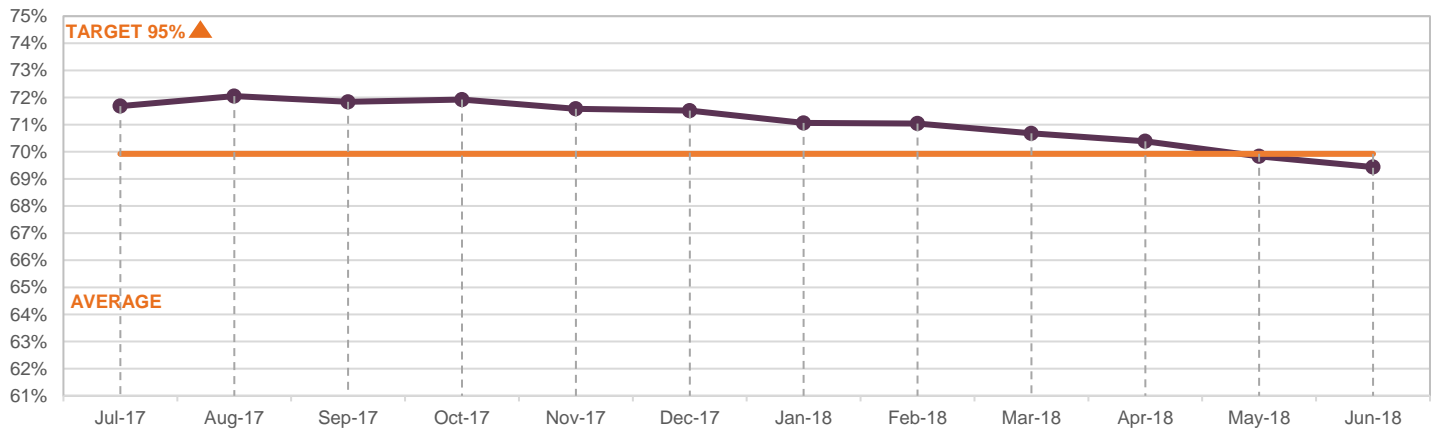
A Central Health and Seton partnership

## CONTROLLING HIGH BLOOD PRESSURE



This chart shows the percentage of patients with hypertension ages 18-85 whose most recent recorded blood pressure during the measurement year was below 140/90.

## DEPRESSION SCREENING AND FOLLOW UP PLAN



This chart shows the percentage of patients 12 years old or older screened for clinical depression using an age-appropriate standardized tool AND if the screening was positive, these patients were given a follow-up plan on the same day.