



# 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.

*Right by All* - By being open, anti-racist, equity-minded, and respectful in discourse, we honor those around us and do right by all people.

*Collaboration* - We partner with others to improve the health of our community.

## **BOARD OF MANAGERS MEETING**

**Wednesday, August 24, 2022, 5:00 p.m.**

**Or immediately following the Executive Committee Meeting**

**Videoconference meeting<sup>1</sup>**

**A quorum of the Board and the presiding officer will be present at:**

Central Health Administrative Offices  
1111 E. Cesar Chavez St.  
Austin, Texas 78702  
Board Room

Members of the public may attend the meeting at the address above, or observe and participate in the meeting by connecting to the Ring Central meeting link listed below (copy and paste into your web browser):

<https://meetings.ringcentral.com/j/1494711692?pwd=U0FIU1N1aEVuaEg1MVlKWUdQQXNDZz09>

Password: 637573

Members of the public may also listen and participate by telephone at:

Dial: (888) 501-0031

Meeting ID: 149 471 1692

The Board will meet via videoconference with a quorum present in person and allow public participation via videoconference and telephone as allowed under the Open Meetings Act. Although a quorum of the Central Health Board will be physically present at the location posted in the meeting notice, we strongly encourage all members of the public to observe the meeting virtually and participate in public comment, if desired, through the virtual meeting link or telephone number listed on each meeting notice.

Members of the public who attend in person should conduct a self-assessment before coming to the building to ensure they do not have a high temperature or any symptoms of COVID-19. Anyone who is symptomatic and/or has a fever should contact their healthcare provider for further instructions. Symptomatic members of the public can still participate, if desired, through the virtual meeting link or telephone number listed on each meeting notice. Resources related to COVID-19 can be found at the following link <https://www.austintexas.gov/covid19>.

A member of the public who wishes to make comments virtually during Public Communication for the Board of Managers meeting or the Executive Committee meeting must properly register with Central Health **no later than 3:30 p.m. on August 24, 2022**. Registration can be completed in one of three ways:

- Complete the virtual sign-in form at <https://www.centralhealth.net/meeting-sign-up/>;
- Call 512-978-9190. Please leave a voice message with your full name and your request to comment via telephone at the meeting; with the name of the meeting at which you wish to speak; or
- Sign-in at the front desk on the day of the meeting, prior to the start of the meeting.

Individuals who register to speak on the website or by telephone will receive a confirmation email and/or phone call by staff with instructions on how to join the meeting and participate in public communication.

### **PUBLIC COMMUNICATION**

Public Communication rules for Central Health Board and Committee meetings include setting a fixed amount of time per person to speak and limiting Board responses to public inquiries, if any, to statements of specific factual information or existing policy.

### **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 vote on the motion to adopt the CONSENT AGENDA.

- C1. Approve the minutes of the Central Health Board of Managers July 27, 2022 meeting.
- C2. Receive and ratify Central Health Investments for July 2022.

### **REGULAR AGENDA<sup>2</sup>**

1. Discuss and take appropriate action on the proposed amended mandatory payment rate to be assessed on institutional healthcare providers during Fiscal Year (FY) 2022 under the local healthcare provider participation program (LPPF) in Travis County as required by Texas Health & Safety Code §298E.151. (*Action Item*)
2. Receive and discuss a presentation on the proposed Central Health FY 2023 budget and tax rate. (*Informational Item*)
3. Discuss and take appropriate action on Central Health's proposed property tax rate for FY 2023. (*Action Item – Roll Call Vote Required*)

4. Set the date, time, and location for the public hearing at which the Central Health Board of Managers will present, and receive comments from the public on, the proposed FY 2023 tax rate. *(Action Item)*
5. Receive the fiscal year-to-date healthcare service expenditures made by, and accept the preliminary July 2022 financial statements for, Central Health and the Community Care Collaborative. *(Informational Item)*
6. Receive an update on the Central Health dashboards associated with service level reporting for FY 2022. *(Informational Item)*
7. Receive and discuss an update on Central Health Enterprise Branding. *(Informational Item)*
8. Receive and discuss updates on the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) program and associated projects, the Community Care Collaborative, and other healthcare delivery partners, programs, projects, and arrangements, including agreements with Ascension Texas and the University of Texas at Austin.<sup>3</sup> *(Informational Item)*
9. Confirm the next regular Board meeting date, time, and location. *(Informational Item)*

Notes:

- <sup>1</sup> Although emergency orders allowing for fully virtual meetings have expired, the Travis County area continues to have some COVID-19 infections. This meeting may include one or more members of the Board of Managers participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the meeting at Central Health Administrative Offices, 1111 E. Cesar Chavez, Austin, TX 78702, Board Room. This meeting location will be open to the public during the open portions of the meeting, and any member participating by videoconference shall be both visible and audible to the public whenever the member is speaking. **Members of the public are strongly encouraged to participate remotely through the toll-free videoconference link or telephone number provided.**
- <sup>2</sup> The Board of Managers may take items in an order that differs from the posted order and may consider any item posted on the agenda in a closed session if the item involves issues that require consideration in a closed session and the Board Chair announces that the item will be considered during a closed session.
- <sup>3</sup> Possible closed session discussion under Texas Government Code §551.071 (Consultation with Attorney).

A recording of this meeting will be made available to the public through the Central Health website ([www.centralhealth.net](http://www.centralhealth.net)) as soon as possible after the meeting.

Any individual with a disability who plans to attend this meeting and requires auxiliary aids or services should notify Central Health at least two days in advance, so that appropriate arrangements can be made. Notice should be given to the Board Governance Manager by telephone at (512) 978-8049.

Cualquier persona con una discapacidad que planea asistir o ver esta reunión y requiera ayudas o servicios auxiliares debe notificar a Central Health con la mayor anticipación posible de la reunión, pero

no menos de dos días de anticipación, para que se puedan hacer los arreglos apropiados. Se debe notificar al Gerente de Gobierno de la Junta por teléfono al (512) 978-8049.

Consecutive interpretation services from Spanish to English are available during Public Communication or when public comment is invited. Please notify the Board Governance Manager by telephone at (512) 978-8049 if services are needed.

Servicios de interpretación consecutiva del español al inglés están disponibles durante la Comunicación Pública o cuando se le invita al público a comentar. Notifique al Gerente de Gobierno de la Junta por teléfono al (512) 978-8049 si necesita servicios.

## **Central Health Board of Managers Shared Commitments** **Agreed adopted on June 30, 2021**

Whereas, the Board of Managers of Central Health has come together as a governing body to ensure the Vision of Central Health: Central Texas is a model health Community;

Whereas, the Board of Managers of Central Health bring this vision into reality by enacting the mission of caring for those who need it most and thereby improving the health of our community;

Whereas, the Board of Managers of Central Health achieves excellence toward this vision and mission through the stated values of Stewardship, Innovation, Respect, and Collaboration;

Whereas, the Board of Managers of Central Health further known as we in this document understand that systemic racism is the root of health inequities that emerge from a history of racism in Texas including Travis County that contributes to the social determinants of health that play a primary role in producing inequitable health outcomes;

Whereas, as an organization, Central Health is anti-racist and committed to a diverse and inclusive culture that seeks equity and social justice in the pursuit of its mission:

1. We Commit to informing all of our actions as Board Managers with the understanding that we are accountable to recognizing and to interrupting systems of oppression. This includes understanding the power structure in the United States, and Texas, and Travis County, that advantages certain community members and has historically disadvantaged other community members based on the color of their skin, race, ethnicity, language, and/or other characteristics. We further understand that to disrupt this power structure and the health inequities it produces, we must collaborate to collectively respond to the lived realities of all ethnicities, races, and identities disadvantaged within this system and all historically oppressed identities and communities disadvantaged within this system. We Commit to understanding that when disadvantaged communities compete against each other, we all lose in this system, and the only way forward is to work together for the benefit of all oppressed communities collectively.
2. We Commit to a model of Generative Leadership which requires us to understand and practice collaboration and accountability demonstrated by following our agreed upon meeting procedures and ensuring all members have the opportunity for comparable speaking time. We further Commit to intentionality prior to speaking including: considering: what is the goal of what I

want to share; is this the right time to share it; and is this in keeping with our collective goal for this particular moment within this particular meeting?

3. We Commit to Generative Conflict which includes engaging in disagreements and differences in perspective in a way that deepens relationships and trust by expanding knowledge and understanding of each other, including expecting our ideas to be expanded and enriched by learning and engaging with other Board Manager ideas, choosing curiosity over competition of ideas, and anchoring our conversations in our common purpose.
4. We Commit to practicing emotional intelligence as leaders which includes being aware of our own emotions and reactions and managing them, as well as being aware of our impact on others and managing this impact for the collective good when we are in our role as Board Managers.
5. We Commit to being aware of our own privileges and advantages in the sociopolitical and economic structure of the United States, Texas, and Travis County to use these for the benefit of interrupting inequities across historically disadvantaged identities.
6. We Commit to preventing the commission of microaggressions through the awareness of the history and oppression of diverse identities and communities. To this end, we Commit to strive to learn the historical context informing the lived realities of all historically oppressed identities and communities, and to use this to prevent use of language and commission of actions that can be harmful given these histories.
7. If we inadvertently commit a microaggression, we strive to immediately become aware on our own of the harm we have caused. If another Board Manager generously helps us become aware of a microaggression we have committed we welcome the support in our learning and growing process as a leader and immediately express appreciation for having made us aware, own the mistake we have made, acknowledge the impact of the harm we have caused, and engage repair through apology and the articulation of what we will do to avoid the repetition of such harm in the future.
8. If we observe one of our fellow Board Managers commit a microaggression, we Commit to calling them in by letting them know in a respectful and kind manner of the mistake that has been made.
9. We understand that many of us, as survivors of historically oppressed identities and communities, carry internalized narratives of oppression, and we can inadvertently express these oppressions against others in ways that cause harm and we Commit to the same process identified in 7 and 8 to engage repair and return to generative collaborative processes.
10. We understand that even without the history of oppression potentiating the weight of harm, expressions of prejudice and rudeness can also cause harm to our shared aims, and we Commit to the same process identified in 7 and 8 to engage repair and return to generative collaborative processes.

11. We Commit to using our Racial and Social Justice Framework (next page) for decision-making as we work together for the collective good of our communities as we eradicate health inequities and create a model healthy community.
12. We understand that we are entrusted with a vital responsibility for our communities and are accountable stewards for the time and resources available to our Board of Managers. We understand that these commitments are entered into to ensure responsible stewardship of this time and resources through generative collaborative processes to reach our vision and mission and we agree that if we do not follow any one of these commitments we welcome our Board Manager colleagues to bring this to our attention through the agreed upon process reflected here and when this occurs, we commit to immediately acknowledging the mistake and engaging in a repair and correction process as indicated in these commitments so that our work to dismantle systemic racism and resulting barriers and achieve health equity can move forward.

Be it adopted that the above agreements will be honored and acted upon by each Board Manager as of 6/30/2021 and henceforth forward as indicated by signature below.

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Board Manager Signature

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Date

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Board Manager Printed Name

# Calling In and Repairing Harm

## Calling In after Harm in Groups with Shared Values and Aims Stance

Hey, this thing you said/did hurt some folks or could hurt some folks.

A) Here's why that can be hurtful or,

B) Please do some research to learn the history of why that's hurtful.

Implied message: I know you are good and are on this journey with us and we are all going to make mistakes as we unlearn things.

## Calling In after Harm in Groups with Shared Values and Aims Sample Language

- I know it wasn't your intention, but what you just said minimizes the horror of \_\_\_\_\_ e.g. the history of racism, enslavement, the holocaust, etc.
- I know it wasn't your intention but what you just said has the impact of implying that \_\_\_\_\_ are not competent or as intelligent as others.
- What you just said suggests that \_\_\_\_\_ people don't belong.
- That phrase has been identified as being disrespectful and painful to \_\_\_\_\_ people and it's important that we not use it.
- Oh, I have also used that term, but I have now learned that when we use it we are leaving out people who \_\_\_\_\_ or we are implying that \_\_\_\_\_ and the word people are learning to use now is \_\_\_\_\_.
- The term used now by people living with that identity is \_\_\_\_\_.

## Repairing Harm after Microaggressions, Mistakes, and expressions of Prejudice

- Own / Name it
- Recognize the Impact
- Apologize (Do not share context or explanations)
- Make any amends that are possible
- State what you are going to do to learn and do better in the future.

Sample Language: Thank you so much for letting me know. You are right, I used this term or said that phrase and realize that it has the impact of minimizing the experience of \_\_\_\_\_ or implying that \_\_\_\_\_. I am deeply sorry and will practice learning the correct language and will research and learn more about this to ensure that I do not make this mistake and cause this harm in the future.



# RACIAL and SOCIAL JUSTICE FRAMEWORK

## Values and Anti-Racism/Anti-Oppression

- Is this consistent with our values?
- Are we taking steps so we cannot predict outcomes by race and other systemically disadvantaged characteristics?

## Intentional and Accountable Storytelling

- What data are we using and has it been disaggregated by race? What is the source of the data? Who is it making visible and invisible? Whose experience is being centralized and whose is being marginalized in the data? Does the way we are using the data reflect the complexity of the issues and reflect the issues accurately?
- What are the stories and narratives we are telling? What is the purpose? Who is interpreting the meaning? Who's it meant for? Who's impacted and how?
- Are we refusing to be ahistorical? Are we fully considering history and the impacts of the historical context?

## Power Analysis

- What are the power dynamics in this situation? What are the intersecting spheres of oppression at work in this situation?
- What are the cultural norms of white supremacy at work in this situation?
- Who would benefit and who would be harmed by this action/decision?
- Does this interrupt/disrupt or collude with/reinforce oppressive systems/power structures?
- If this is attempting a solution, where are we locating the problem?
- Does the solution/strategy we are proposing change the system or the individual?
- Who are we asking to change and why?

## Relationships

- Who is in the room and who isn't and why? Who is sharing and who is not and why?
- Whose perspective is represented/who is left out? And who is doing the representing? Who do we believe, who do we find credible? Why? Why not?
- Whose experience is being centralized and whose experience is being marginalized? Who is gazing and who is being gazed upon?
- Are we boldly leading toward our racial justice aim by building a broad coalition of support?
- Are we operating from a similar/shared understanding of anti-racism work? Do we have a shared anti-racist understanding of where the problem is located and a shared anti-racist theory of change to generate a solution? Have we agreed upon a shared goal?



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**BOARD MEETING**

**August 24, 2022**

**AGENDA ITEM C1**

Approve the minutes of the Central Health Board of Managers July 27, 2022 meeting.

MINUTES OF MEETING – JULY 27, 2022  
CENTRAL HEALTH  
BOARD OF MANAGERS

On Wednesday, July 27, 2022, a meeting of the Central Health Board of Managers convened in open session at 4:07 p.m. remotely by toll-free videoconference and in person at the Central Health Administrative Offices. Clerk for the meeting was Briana Yanes.

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**Board members present at 1111 East Cesar Chavez:** Chairperson Bell, Vice Chairperson Brinson, Treasurer Zuniga, Secretary Valadez, Manager Jones, Manager Motwani, Manager Museitif (departed at 8:40 p.m.), and Manager Zamora

**Board members present via video and audio:** Manager Greenberg

The board chair rearranged the meeting agenda at the start of the meeting. The meeting began at 4:07pm to take up Agenda items 4, 1, and public communication. Then, the meeting was recessed at 7:24pm. Manager Motwani moved that the Board of Managers meeting stand in recess until the completion of the Strategic Planning Committee Meeting.

Manager Jones seconded the motion.

Chairperson Charles Bell	For
Vice Chairperson Cynthia Brinson	For
Treasurer Julie Zuniga	For
Secretary Cynthia Valadez	For
Manager Sherri Greenberg	For
Manager Shannon Jones	For
Manager Amit Motwani	For
Manager Maram Museitif	For
Manager Guadalupe Zamora	For

The meeting recessed at 7:24 p.m.

The meeting returned from recess at 8:40 p.m.

**PUBLIC COMMUNICATION**

**Clerk's Notes:** Public Communication began at 7:23 p.m. Yesenia Ramos announced that due to the time, the speakers who had signed up were not able to stay for Public Communication.

**CONSENT AGENDA**

**C1. Approve the minutes of the Central Health Board of Managers June 15, 2022 meeting.**

**C2. Receive and ratify Central Health Investments for June 2022.**

**C4. Discuss and take appropriate action on an amendment to the JP Morgan Chase Contract for district depository services.**

**Clerk's Notes:** Discussion on this item began at 8:40 p.m.

Manager Jones moved that the Board approve Consent Agenda Items C1, C2, and C4.

Manager Jones pulled item C3 from the Consent Agenda.

Manager Valadez seconded the motion.

Chairperson Charles Bell	For
Vice Chairperson Cynthia Brinson	For
Treasurer Julie Zuniga	For
Secretary Cynthia Valadez	For
Manager Sherri Greenberg	For
Manager Shannon Jones	For
Manager Amit Motwani	For
Manager Maram Museitif	Absent
Manager Guadalupe Zamora	For

### **REGULAR AGENDA**

- C3. Delegate authority to the President and CEO to negotiate and execute a consultant contract for the next phase of Central Health’s ongoing Equity-Based Systems Planning work which includes developing operational implementation and financial sustainability plans in support of the Board adopted Healthcare Equity Plan (aka Equity-focused Service Delivery Strategic Plan), as recommended by the Strategic Planning Committee.**

Manager Zamora moved that the Board approve Consent Agenda Items C3.

Manager Brinson seconded the motion.

Chairperson Charles Bell	For
Vice Chairperson Cynthia Brinson	For
Treasurer Julie Zuniga	For
Secretary Cynthia Valadez	Against
Manager Sherri Greenberg	For
Manager Shannon Jones	Abstain
Manager Amit Motwani	For
Manager Maram Museitif	Absent
Manager Guadalupe Zamora	For

- 1. Receive an update from The University of Texas at Austin Dell Medical School on Central Health’s financial investment and how it has contributed to Fiscal Year (FY) 2022 outcomes supporting Central Health’s mission of serving indigent residents of Travis County, and an update on The University of Texas at Austin Dell Medical School’s future opportunities and challenges.**

**Clerk’s Notes:** Discussion on this item began at 5:36 p.m. Dr. George Macones and Dr. Amy Young with the University of Texas at Austin Dell Medical School presented on how the UT Dell Medical School represents that it has supported Central Health’s mission over the last year. The presentation included a look at some of their partnerships, the Affiliation Agreement with Central Health and the Community Care Collaborative, and a milestone timeline related to medical school operations. Next, they discussed what the community investment makes possible and a budget overview. Next, they went into detail discussing examples of community impact, which included attracting top doctors and training specialists, coordinating and expanding safety-net care, improving health beyond clinics and hospitals, and collaboratively addressing gaps in the integrated delivery system. Lastly, they highlighted future clinical opportunities and future collaborative opportunities. During questioning, several Board Managers requested additional timely financial information and greater detail to track where all Affiliation Agreement monies are being spent and how Affiliation Agreement obligations are being met.

**2. Receive and discuss a presentation on the proposed Central Health Fiscal Year (FY) 2023 budget and tax rate.**

**Clerk's Notes:** Discussion on this item began at 8:44 p.m. Mr. Mike Geeslin, President & CEO; Mr. Jeff Knodel, Chief Financial Officer; and Ms. Lisa Owens, Deputy Chief Financial Officer, presented on the proposed Central Health FY 2023 budget. The presentation included a look at the proposed FY 2023 strategic priorities and financial stewardship. They next presented a budget development overview, a comparison of FY 2022 tax burdens for major Texas hospital districts, the FY 2023 proposed budget, and the FY 2023 proposed tax rate of 6.0% over M&O no-new-revenue rate. Lastly, the upcoming dates on the FY 2023 budget calendar were discussed.

**3. Receive the fiscal year-to-date healthcare service expenditures made by, and accept the preliminary May and June 2022 financial statements for, Central Health and the Community Care Collaborative, and review historical average revenues and expenses for Central Health.**

**Clerk's Notes:** This item was postponed.

**4. Receive and discuss updates on the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) program and associated projects, the Community Care Collaborative, and other healthcare delivery partners, programs, projects, and arrangements, including agreements with Ascension Texas and the University of Texas at Austin.**

**Clerk's Notes:** Discussion on this item began at 4:08 p.m.

At 4:08 p.m. Chairperson Bell announced that the Board was convening in closed session to discuss agenda item 4 under Texas Government Code §551.071 Consultation with Attorney.

At 5:35 p.m. the Board returned to open session.

At 5:35 p.m. Manager Museitif moved that the Board delegate to the President and CEO authority to initiate or respond to legal proceedings, with concurrence by the Chair and Vice-Chair, regarding the matters discussed with counsel in closed session.

Manager Valadez seconded the motion.

Chairperson Charles Bell	For
Vice Chairperson Cynthia Brinson	For
Treasurer Julie Zuniga	For
Secretary Cynthia Valadez	For
Manager Sherri Greenberg	For
Manager Shannon Jones	For
Manager Amit Motwani	For
Manager Maram Museitif	For
Manager Guadalupe Zamora	For

**5. Receive and discuss an update on Sendero Health Plans financials and proposed business strategies.**

**Clerk's Notes:** This item was not discussed.

**6. Confirm the next regular Board meeting date, time, and location.**

At 9:18 p.m. Manager Valadez moved that the meeting adjourn.

Manager Jones seconded the motion.

Chairperson Charles Bell	For
Vice Chairperson Cynthia Brinson	For
Treasurer Julie Zuniga	For
Secretary Cynthia Valadez	For
Manager Sherri Greenberg	For
Manager Shannon Jones	For
Manager Amit Motwani	For
Manager Maram Museitif	Absent
Manager Guadalupe Zamora	For

The meeting was adjourned at 9:18 p.m.

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Charles Bell, Chairperson  
Central Health Board of Managers

ATTESTED TO BY:

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Cynthia Valadez, Secretary  
Central Health Board of Managers



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**BOARD MEETING**

**August 24, 2022**

**AGENDA ITEM C2**

Receive and ratify Central Health Investments for July 2022.



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## **BOARD MEETING**

**August 24, 2022**

## **REGULAR AGENDA ITEM 1**

Discuss and take appropriate action on the proposed amended mandatory payment rate to be assessed on institutional healthcare providers during Fiscal Year (FY) 2022 under the local healthcare provider participation program (LPPF) in Travis County as required by Texas Health & Safety Code §298E.151. (Action Item)





**AGENDA ITEM SUBMISSION FORM**

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date August 24, 2022

Who will present the agenda item? (Name, Title) Katie Coburn, RHP Director

General Item Description FY 22 LPPF Rate Amendment

Is this an informational or action item? Action Item

Fiscal Impact None

Recommended Motion (if needed – action item) Approve the FY 22 rate amendment as proposed by Central Health staff

Key takeaways about agenda item, and/or feedback sought from the Board of Managers:

- 1) Due to volatility in timing of supplemental payment program approvals by HHSC, staff is recommending the LPPF rate be amended to maximize eligible funding for hospital facilities in Travis County.
- 2) The current FY 22 LPPF payment rate is 4.71%. The proposed amended rate is 6% and will generate an annual total of approximately \$209 million, representing an increase of \$45 million
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) PPT, memo

Estimated time needed for presentation & questions? 10 minutes (maybe less)

Is closed session recommended? (Consult with attorneys.) No



CENTRAL HEALTH

Form Prepared By/Date  
Submitted:

Katie Coburn, August 12, 2022

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## MEMORANDUM

**To:** Central Health Board of Managers  
**From:** Katie Coburn  
**CC:** Mike Geeslin, President & CEO  
**Date:** August 24, 2022  
**Re:** Amending the Local Provider Participation Fund (LPPF) mandatory payment rate for FY 2022 – ACTION ITEM

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### Summary

Central Health staff request the board take action to amend the FY 2022 Local Provider Participation Fund (LPPF) mandatory payment rate to 6.00% of net patient revenue of Travis County inpatient hospitals.

### Background

Under Chapter 298E of the Texas Health & Safety Code, the Central Health board is authorized to set the mandatory payment rate for hospitals that provide inpatient services in Travis County. The fee must be uniform and broad based. Funds generated by the payment must be used to provide intergovernmental transfer (IGT) payments on behalf of nonpublic hospitals to draw down Federal matching funds available in certain Medicaid supplemental payment programs. The Travis LPPF program is not authorized to fund Delivery System Reform Incentive Payments (DSRIP) and Disproportionate Share (DSH) Program payments per its enabling legislation.

The current approved FY 22 LPPF payment rate is 4.71%, generating an annual payment of \$164 million. The 6.00% payment rate will generate approximately \$209 million annually, an increase of \$45 million. It is intended to provide the local funding portion for the Program Year 2 Comprehensive Hospital Increased Reimbursement Program (CHIRP) final payment. 6.00% is the maximum rate allowed by state law.

Central Health staff have evaluated the rate and recommends the board adopt the proposed amended rate of 6.00%.

### Action Requested

Central Health staff request the board take action to set the FY 2022 Local Provider Participation Fund (LPPF) mandatory payment rate at 6.00% of net patient revenue of Travis County inpatient hospitals.



**CENTRAL  
HEALTH**

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# Travis County LPPF: FY 22 Proposed Mandatory Payment Rate Amendment

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**August 24, 2022**

Central Health Board of Managers Meeting

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**PRESENTER**

**Katie Coburn, RHP Director**

# Board Action Request

- **Amend the FY 22 Travis County Local Provider Participation Fund (LPPF) annual rate to 6.00% to fund Intergovernmental Transfer (IGT) requirements for:**
  - Comprehensive Hospital Increased Reimbursement Program (CHIRP) Year 2 Final Payment



# Local Provider Participation Fund (LPPF) Mandatory Payment Rate

- **Assessed as a uniform percentage of net patient revenue of Travis County inpatient hospitals**
- **Set by the Board of Managers**
- **Central Health, as LPPF Administrator, collects funds to be held in fiduciary capacity and completes intergovernmental transfers**
- **Use of funds**
  - Limited to legislatively defined purpose of leveraging federal supplemental payments; DSH and DSRIP are prohibited
  - Central Health collaborates with hospital representatives on uses of funds
- **FY 22 current annual rate: 4.71%**
- **Uncertainty in program approval and funding levels requires us to amend the FY 22 LPPF rate as needed to maximize federal funding to community**



# FY 22 Rate History and Proposed Amendment #2

Date	Rate	Use	Annual Amount
August 2022	6.00%	Comprehensive Hospital Increased Reimbursement Program (CHIRP) Year 2 Final Payment	\$209 million
May 2022	4.71%	<ul style="list-style-type: none"> <li>Comprehensive Hospital Increased Reimbursement Program (CHIRP) Year 2 Advance Payment</li> <li>Uncompensated Care DY 11 Final Payment</li> </ul>	\$164 million
March 2022	2.36%	Comprehensive Hospital Increased Reimbursement Program (CHIRP) Year 1 Final Payment	\$53.6 million
January 2022	0.82%	Demonstration Year (DY) 11 Uncompensated Care (UC) Advance Payment	\$28.5 million





# 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.

*Right by All* - By being open, anti-racist, equity-minded, and respectful in discourse, we honor those around us and do right by all people.

*Collaboration* - We partner with others to improve the health of our community.

## **BOARD MEETING**

**August 24, 2022**

## **REGULAR AGENDA ITEM 2**

Receive and discuss a presentation on the proposed Central Health FY 2023 budget and tax rate.  
(Informational Item)





CENTRAL HEALTH

CommUnityCare | Sendero

# EMPOWERING COMMUNITIES WITH CARE

FISCAL YEAR 2023 PROPOSED BUDGET

Board of Managers Meeting

August 24, 2022



# OUR REQUEST – TAX RATE

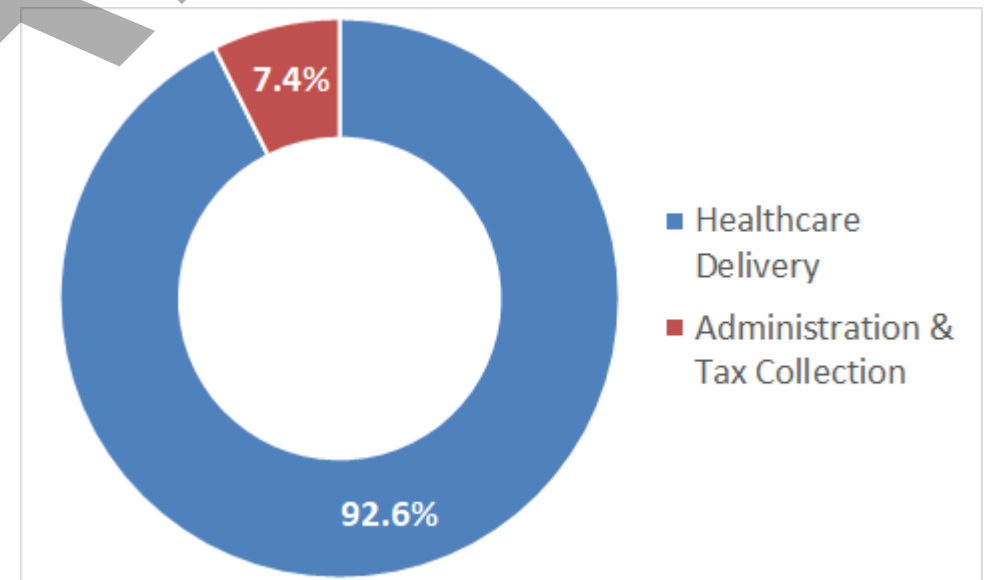
Request that the Central Health Board of Managers approve a proposed property tax rate of **9.8684 cents per \$100 of taxable property value** for Notice of Public Hearing on Tax Increase, which is 6% above the M&O No-New-Revenue Tax Rate which will support Central Health's Fiscal Year 2023 budget.

Set the date, time and location for the public hearing.

## This tax rate will fund expenditures of:

- Healthcare Delivery - \$279,168,877
- Administration & Tax Collection - \$22,149,360

Total Uses of Funds: \$301,318,237



# PROPOSED FY2023 STRATEGIC PRIORITIES



## ***Access and capacity***

Priority: Continue eastern Travis County site expansions in Hornsby Bend, Del Valle and Colony Park

Priority: Development of multispecialty clinic at Rosewood-Zaragosa



## ***Care coordination***

Priority: Implementation of Epic electronic health record



## ***Member enrollment and engagement***

Priority: Implementation of MyChart patient portal



## ***System of care infrastructure***

Priority: Development of financial and operational implementation plans

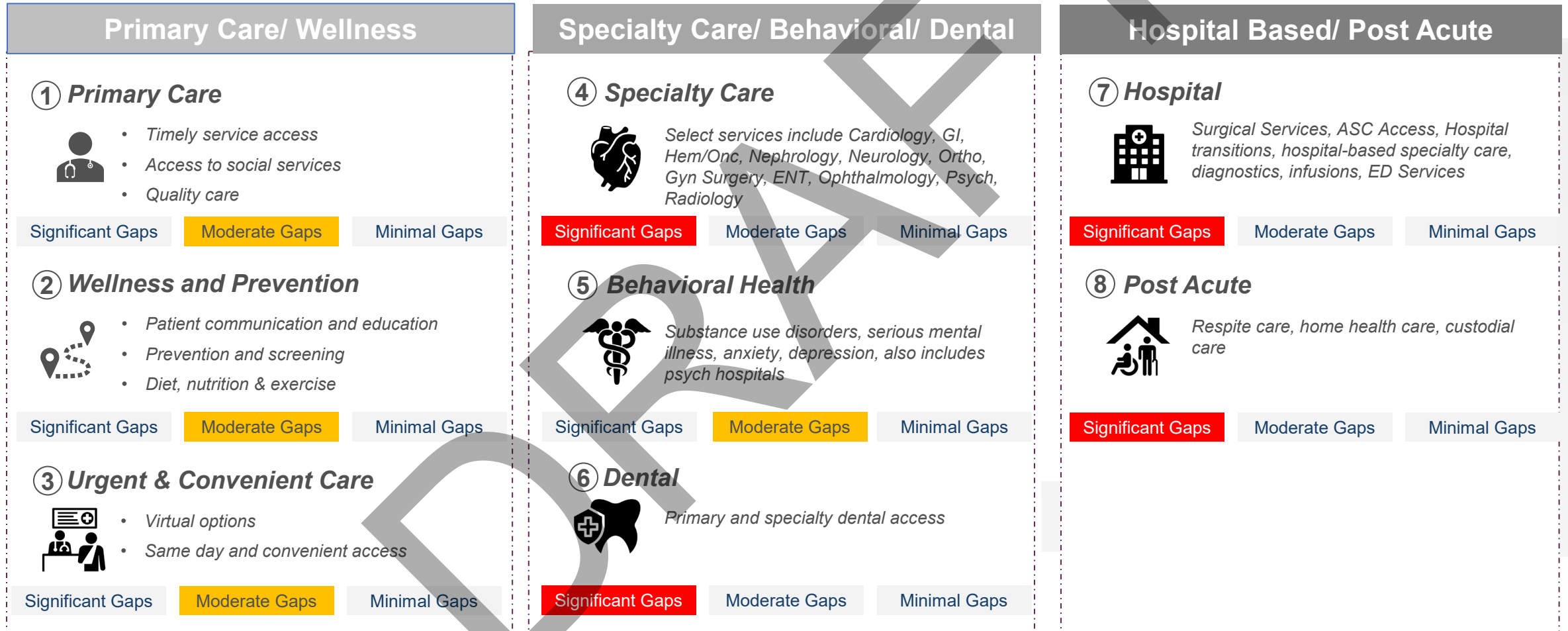
Priority: Focus on affiliations with health care and community partners

Priority: Continue development of direct clinical practice infrastructure

Priority: Identify and support critical on-demand operational and administrative capacities



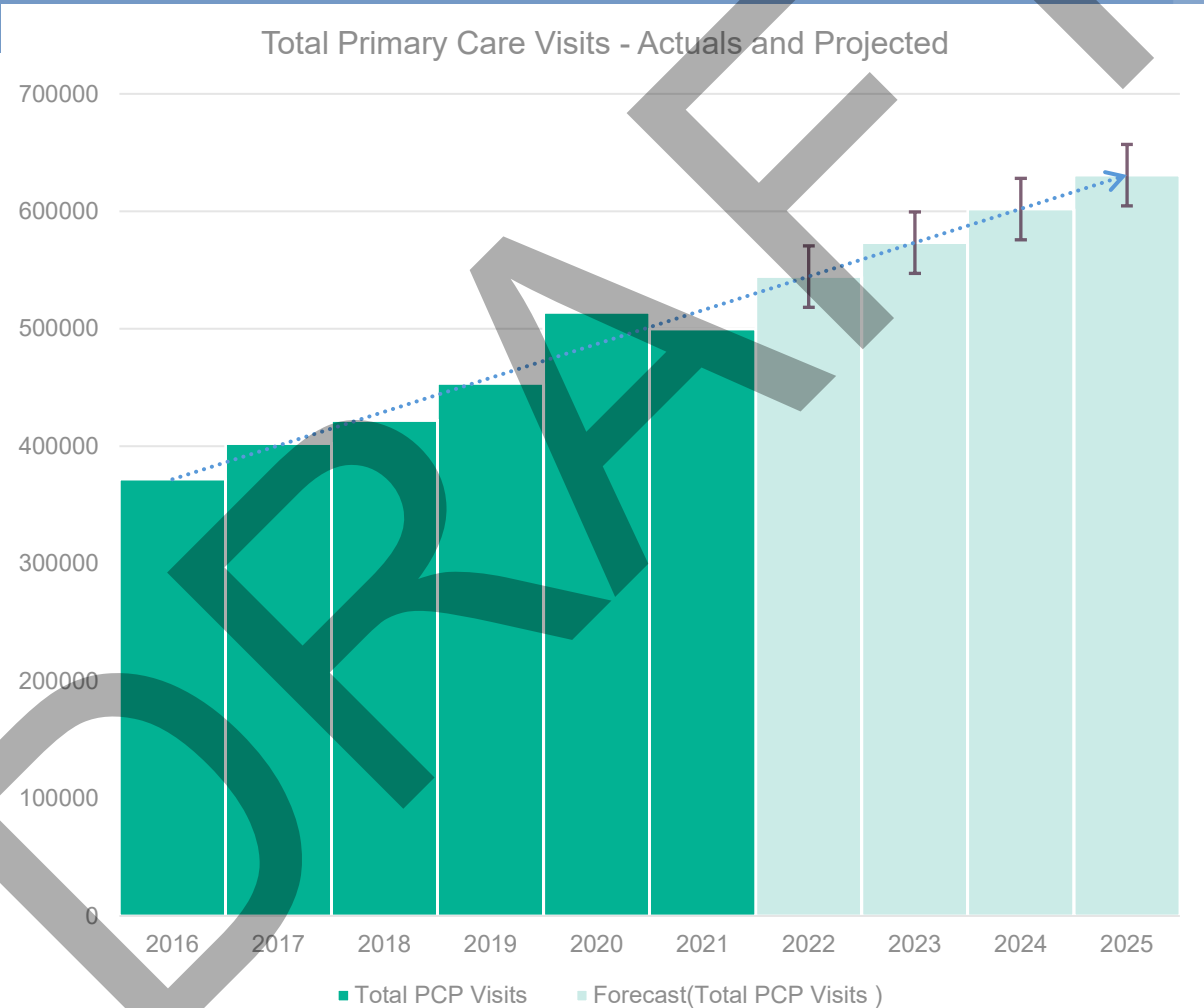
# The scale and scope of unmet clinical needs for the safety-net is substantial across Travis County and is forecasted to increase



**Legend** Significant Gaps Moderate Gaps Minimal Gaps



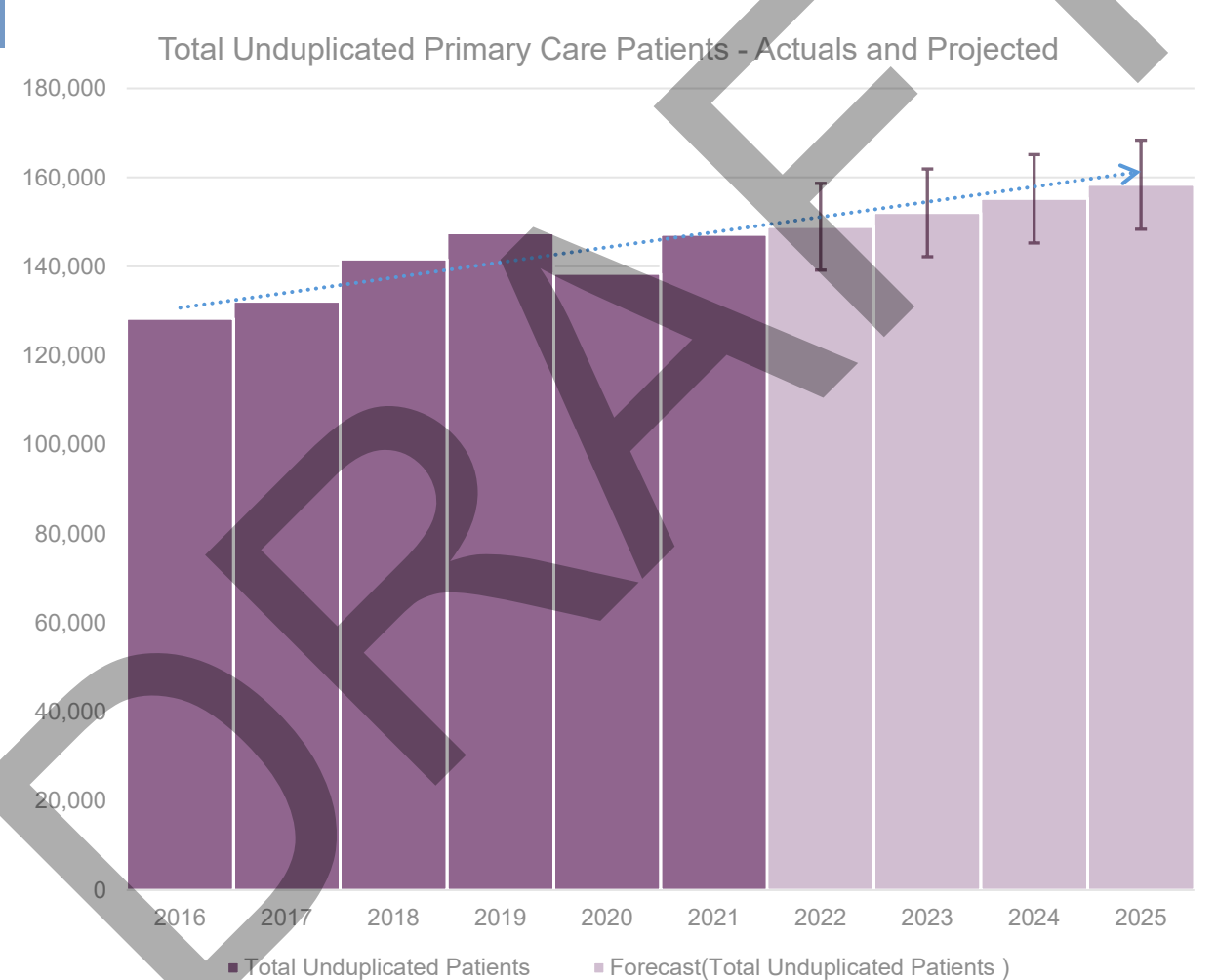
# Primary Care Utilization – Primary Care Visits



Thin vertical lines above forecasted bars represent confidence intervals, the possible range of values for patient or visit counts that year.



# Primary Care Utilization – Unduplicated Primary Care Patients



Thin vertical lines above forecasted bars represent confidence intervals, the possible range of values for patient or visit counts that year.



# Rosewood Zaragosa Specialty Care Clinic: Patient Impact

- Waitlist reductions
- Dedicated safety net specialty capacity
  - Clinic
  - Diagnostics
  - Procedures/ASC Surgeries
- Optimizing Operations
- Enhanced Patient Experience
  - In-house diagnostics
  - Extended hours
  - eConsults
  - Telehealth
  - Transportation assistance
  - Appointment reminders

## Planned Specialties & Expanded Encounter Volumes:

FY24	Pulmonology	Cardiology	Gastroenterology
Clinic Encounters ( per FTE)	2700-3500	2400-3700	1350-3700
Expanded Clinical FTE	1.0	2.0	2.0
Total est. clinical encounters	2700-3500	4800-7400	2700-7400
FY24	Podiatry	Neurology	Nephrology
Clinic Encounters ( per FTE)	2050-3500	2750-3700	2750-3500
Expanded Clinical FTE	2.0	2.0	2.0
Total est. clinical encounters	4100 - 7000	5500- 7400	5500- 7000

\*Encounter volumes do not include referral, eConsult, admin, diagnostic and surgical volumes





# Service Delivery Strategic Plan: FY23 Healthcare Delivery Highlights

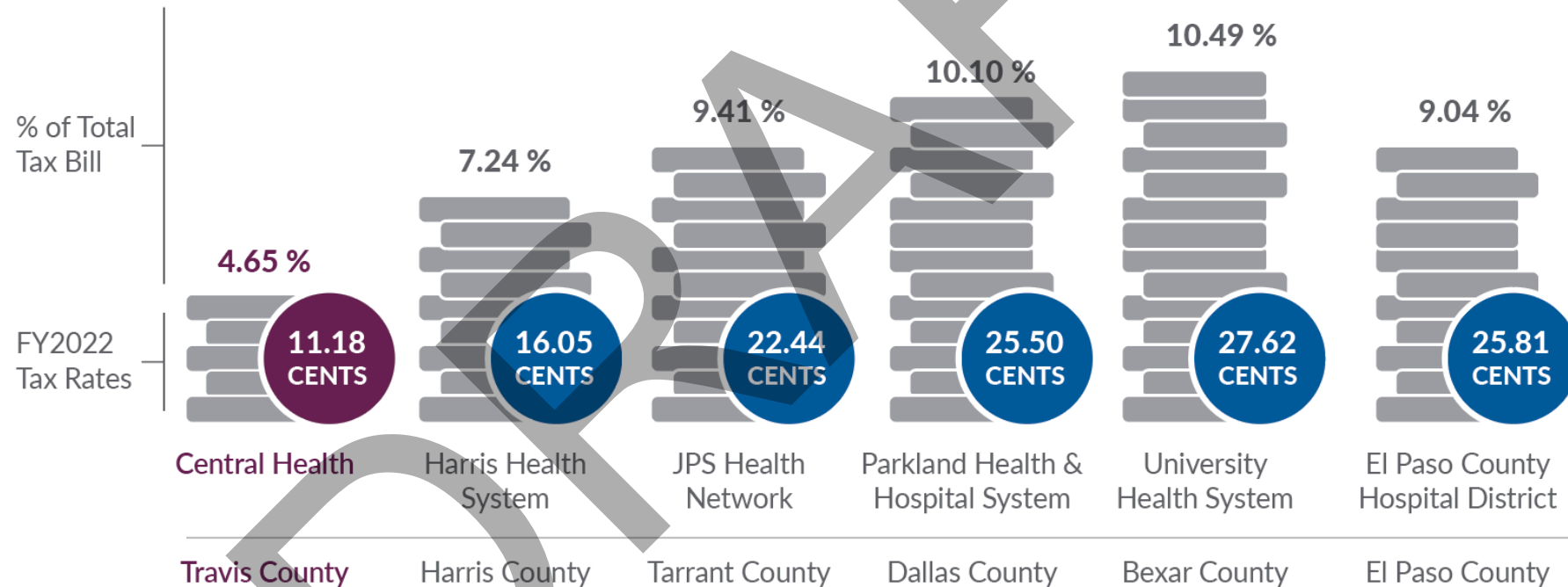
## Funding for new, critical programs and service expansions:

- +\$3.0M for expanded primary care including new Eastern Travis County clinics in Del Valle & Hornsby Bend
- +\$6.3M for contracted Specialty Care access
- +\$5.6M for Specialty Care at Rosewood-Zaragosa
- +\$10.6M for Specialty Care Behavioral Health & Substance Use Treatment including expanded access to methadone services
- +\$3.3M for Post-Acute Care

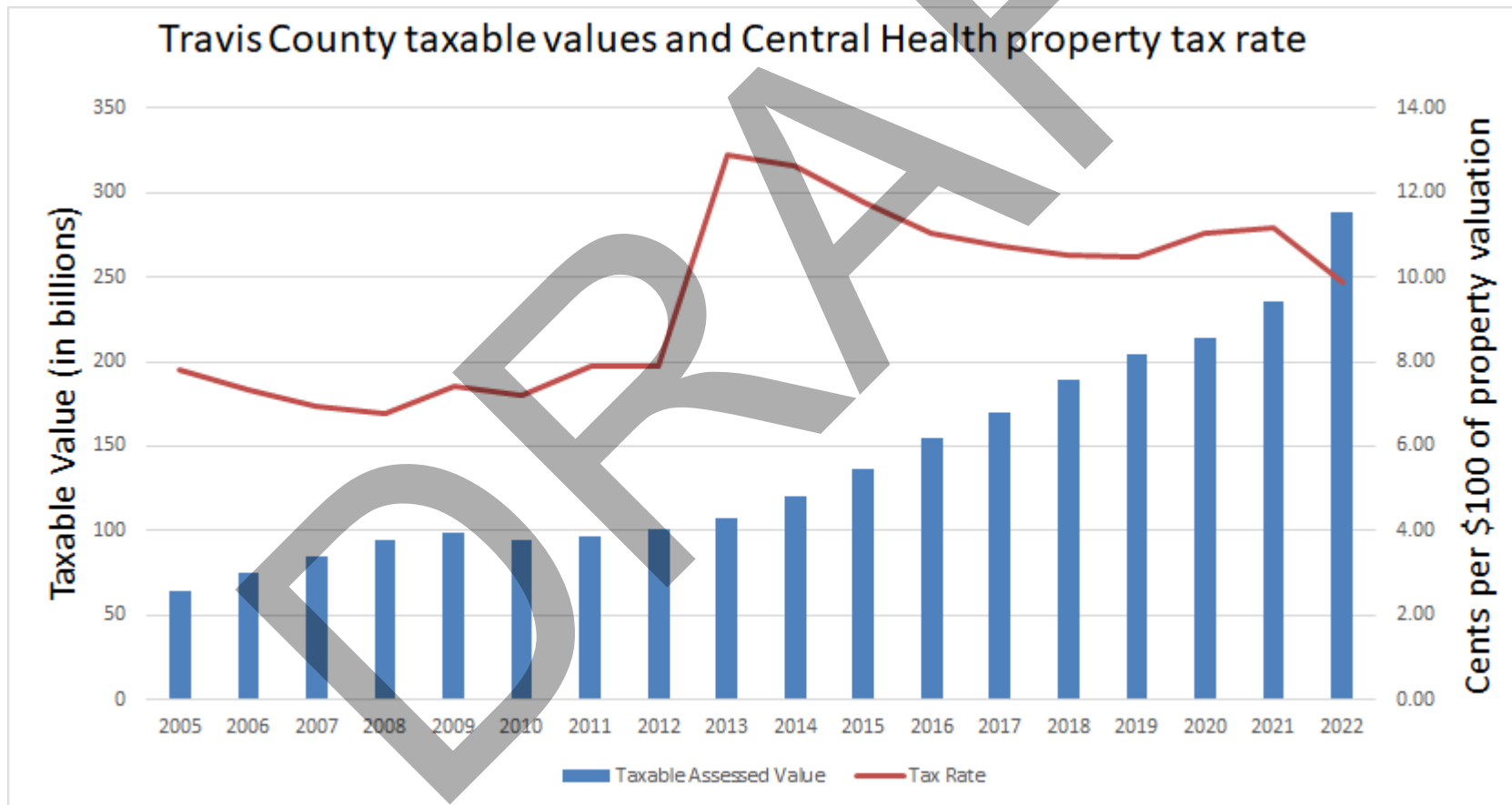




# MAJOR TEXAS HOSPITAL DISTRICTS: FY 2022 TAX BURDEN COMPARISONS

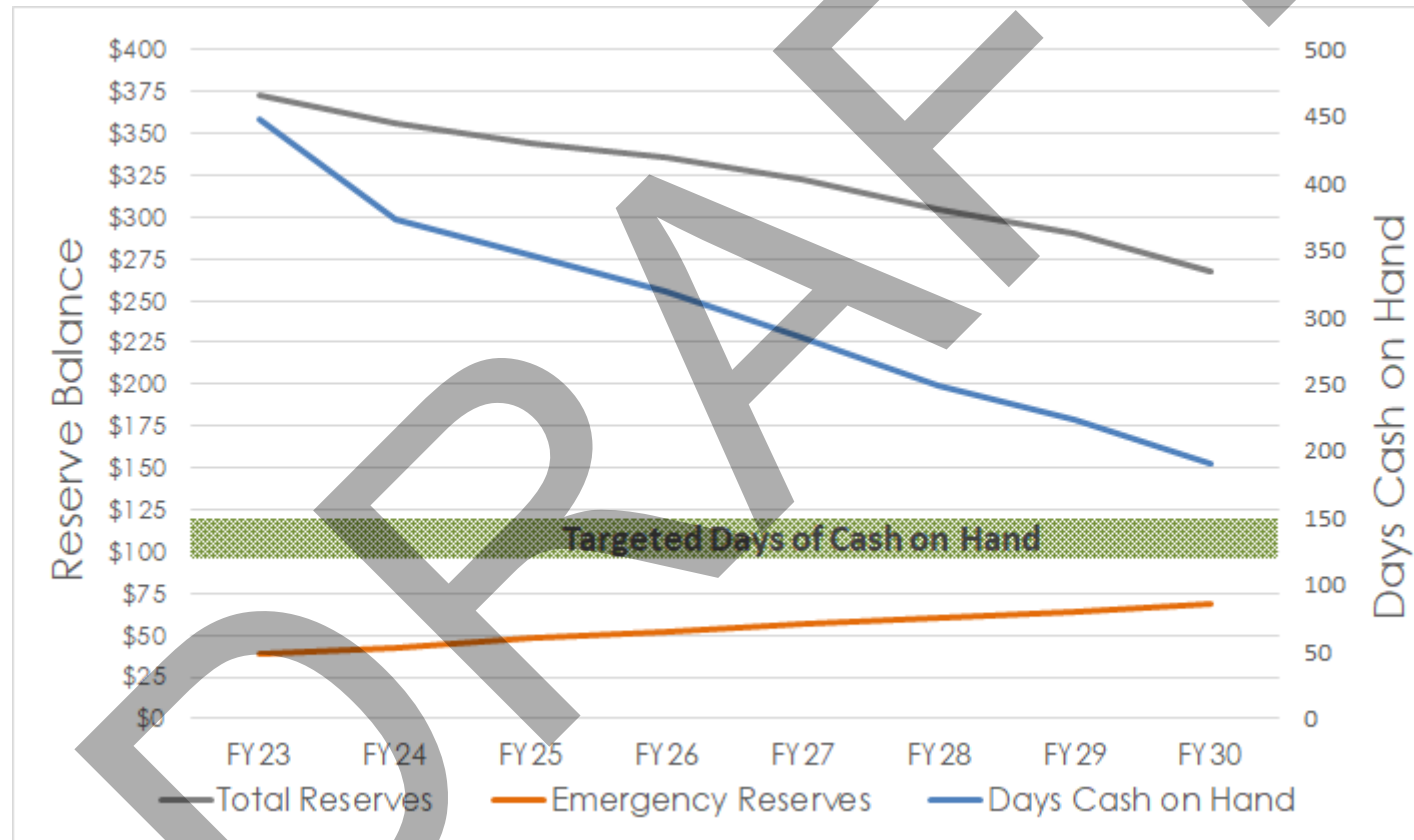


# Taxable Values by Tax Year (in Billions)



# 8 Year Forecast 6.0% Year Over Year Increase in M&O No New Revenue Rate

\*updated July 2022



	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30
<b>Total Reserves</b>	372.7	356.3	344.5	335.4	322.4	304.4	289.7	267.9
<b>Emergency Reserves</b>	38.7	42.9	48.1	52.5	56.5	60.4	63.9	68.4
<b>Days Cash on Hand</b>	448.2	373.7	346.9	319.1	285.4	249.3	224.3	191.1



# FY2023 Proposed Tax Rate

## 6.0% over M&O No New Revenue Rate

Based on Certified Roll for Tax Year 2022/Fiscal Year 2023

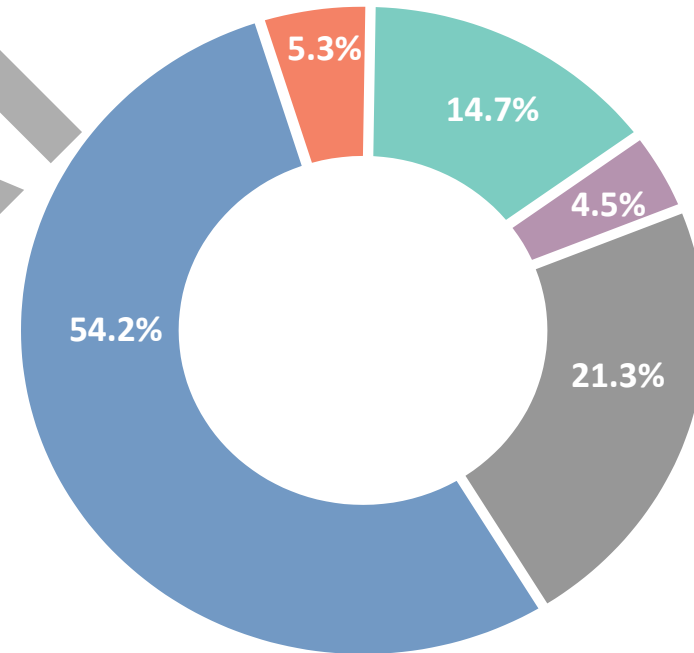
Percentage of Tax Bill (for an Average Travis County Residence)

Average Taxable Homestead Property Tax will decrease by (\$3.99)

	FY22 Approved	FY23 Proposed
Average Taxable Homestead Value	\$381,238	\$427,918
Average Taxable Homestead Value Appreciation	8.7%	12.2%
Tax Rate	11.1814	9.8684
M&O	10.9204	9.6604
Debt Service	0.2610	0.2080
Tax Bill	\$426.28	\$422.29
M&O	\$416.33	\$413.39
Debt Service	\$9.95	\$8.90

Average Taxable Homestead Property Tax will decrease by (\$3.99)

Homestead Exemption	65 & Older	Disability
20% (maximum allowable by state law)	\$110,000	\$110,000



Based on FY23  
Proposed Tax Rates

- 21.3% City of Austin
- 14.7% Travis County
- 5.3% Austin Community College
- 54.2% Austin ISD
- 4.5% Central Health



# Central Health Property Tax Impact Statement: FY2022-2023

FY2022 Homestead Value	FY2022 Taxable Homestead Value*	FY2022 Tax Bill**	FY23 Average Homestead Value Appreciation	FY2023 Homestead Value	FY2023 Taxable Homestead Value*	FY2023 Tax Bill (6.0% over effective)***	Annual Change	Percent Change
150,000	\$120,000	\$134	12.2%	\$168,366	\$134,693	\$133	(\$1)	-0.9%
250,000	\$200,000	\$224		\$280,611	\$224,489	\$222	(\$2)	-0.9%
350,000	\$280,000	\$313		\$392,855	\$314,284	\$310	(\$3)	-0.9%
450,000	\$360,000	\$403		\$505,099	\$404,080	\$399	(\$4)	-0.9%
550,000	\$440,000	\$492		\$617,344	\$493,875	\$487	(\$5)	-0.9%
650,000	\$520,000	\$581		\$729,588	\$583,670	\$576	(\$5)	-0.9%
750,000	\$600,000	\$671		\$841,832	\$673,466	\$665	(\$6)	-0.9%
850,000	\$680,000	\$760		\$954,077	\$763,261	\$753	(\$7)	-0.9%

\*Includes 20% homestead exemption

\*\*FY2022 Tax Rate: 11.1814¢ per \$100/valuation

\*\*\*FY2023 Tax Rate: 9.8684¢ per \$100/valuation (M&O=9.6604¢, Debt Service=0.208¢)



# Central Health FY 2023 Proposed Budget

## Attachment A – Sources and Uses

DESCRIPTION	FY 2022 APPROVED BUDGET	FY 2023 PROPOSED BUDGET 08/24/2022
<b>TAX RATE</b>	<b>0.111814</b>	<b>0.098684</b>
<b>SOURCES</b>		
Property Taxes	260,933,097	281,605,053 *
Lease Revenue	13,422,399	13,145,328
Tobacco Litigation Settlement	3,000,000	4,500,000
Other	3,000,000	1,500,000
<b>Total Sources</b>	<b>280,355,496</b>	<b>300,750,381 *</b>
<b>USES</b>		
Healthcare Delivery	192,705,261	279,168,877 *
Administration & Tax Collection	15,391,099	22,149,360 *
<b>Total Uses</b>	<b>208,096,360</b>	<b>301,318,237 *</b>
<b>RESERVES</b>		
Healthcare Delivery Contingency Reserve <sup>(1)(2)</sup>	226,521,399	331,823,722 *
Emergency Reserve	38,719,836	38,719,836

\*Modifications made to the budget since July 27<sup>th</sup> initial presentation:

- Final tax roll received to calculate property tax and final rate
- Increased Purchased Healthcare Services
- Minor adjustments to salary and benefits % calculations
- Increased support for administrative functions to implement business cases in FY23
- Minor adjustments to business needs for departments

(1) previously reported as an appropriated use of funds in Healthcare Delivery

(2) Healthcare Delivery Contingency Reserves to be appropriated for FY2023



# Central Health FY 2023 Proposed Budget

## Attachment B – Uses

DESCRIPTION	FY 2022 APPROVED BUDGET	FY 2023 PROPOSED BUDGET 8/24/2022
<b>HEALTHCARE DELIVERY</b>		
<b>Intergovernmental transfers:</b>		
IGT - CCC DSRIP	15,509,298	-
<b>Total Intergovernmental Transfers</b>	<b>15,509,298</b>	<b>-</b>
<b>Purchased Healthcare Services</b>		
Primary Care: Medical, Dental, & Behavioral Health	63,090,000	66,111,822
Specialty Care: including Specialty Dental	17,175,000	24,388,000 *
Specialty Care: Behavioral Health	1,383,856	12,000,000
Post Acute Care	2,125,000	5,550,000 *
Pharmacy	14,250,000	16,000,000
Community Health Care Initiatives Fund	875,000	1,750,000
<b>Purchased Healthcare Services</b>	<b>98,898,856</b>	<b>125,799,822</b>
<b>Direct Healthcare Services</b>		
Podiatry		751,726 *
Cardiology		837,410 *
Neurology		362,511
Gastroenterology		465,026
Nephrology		196,081
Pulmonology		228,359
Diagnostics and Clinical Expenses		2,832,148
<b>Direct Healthcare Services Total</b>	<b>-</b>	<b>5,673,261 *</b>
MAP Eligibility - Increase in eligibility period	2,000,000	2,000,000
<b>Total Healthcare Services</b>	<b>100,898,856</b>	<b>133,473,083 *</b>

\*Modifications made to the budget since July 27<sup>th</sup> initial presentation:

- Increased purchased services budget
- Minor adjustments to salary and benefits % calculations



# Central Health FY 2023 Proposed Budget

## Attachment B – Uses

DESCRIPTION	FY 2022 APPROVED BUDGET	FY 2023 PROPOSED BUDGET 8/24/2022
<b>HEALTHCARE DELIVERY</b>		
<b>Healthcare Operations &amp; Support</b>		
ACA Healthcare Premium Assistance Programs	13,319,929	14,648,261
ACA Education and Enrollment	583,000	588,000
Real Estate and Campus Redevelopment	5,303,564	3,693,750
UT land lease for teaching hospital	981,231	1,027,277
Salary and Benefits	18,866,066	25,545,451
Legal	339,000	433,000
Consulting	840,000	1,740,000
Other professional goods & services	9,244,346	8,138,035
Outreach and Education	942,274	1,428,000
Leased Facilities, Security and Maintenance	1,947,000	2,348,500
Insurance and Risk Management	142,000	250,000
Phones, Computer Equipment and Utilities	3,293,473	6,762,525
Printing, Copying, Postage and Signage	384,056	620,305
Travel, training and professional development	280,966	801,502
Other operating expenses	39,741	174,445
Health Care Capital Line of Credit	1,091,773	500,000
Debt service - principal retirement	4,060,000	4,345,000
Debt service - interest	2,092,676	1,651,744
Transfer to capital reserve	12,546,013	49,000,000
<b>Total Healthcare Operations</b>	<b>76,297,107</b>	<b>123,695,794</b>
UT Affiliation Agreement	-	22,000,000
<b>Total Healthcare Delivery</b>	<b>192,705,261</b>	<b>279,168,877</b>

\*Modifications made to the budget since July 27<sup>th</sup> initial presentation:

- Minor adjustments to salary and benefits % calculations
- Minor adjustments to business needs for departments





# Central Health FY 2023 Proposed Budget

## Attachment B – Uses

DESCRIPTION	FY 2022 APPROVED BUDGET	FY 2023 PROPOSED BUDGET 8/24/2022
<b>ADMINISTRATION</b>		
Salary and Benefits	7,134,758	9,131,752 *
Legal	1,456,636	2,756,636
Consulting	1,341,120	1,626,520 *
Investment Services (Travis County)	115,000	115,000
Benefits and Payroll Administration Services	168,243	356,266
Other professional goods & services	819,787	1,156,850
Marketing and Communications	209,958	184,098
Leases, Security and Maintenance	274,250	929,200
Insurance and Risk Management	375,000	455,000
Phones, Computer Equipment and Utilities	401,716	629,573
Printing, Copying, Postage and Signage	60,745	54,725
Travel, training and professional development	370,789	449,605 *
Other operating expenses	492,244	156,485
Appraisal District Svcs	1,179,284	1,155,350
Tax Collection Expense	991,569	992,300
Cash held for self insured employee health benefits	-	2,000,000
<b>Total Administration &amp; Tax Collection</b>	<b>15,391,099</b>	<b>22,149,360 *</b>
<b>TOTAL USES</b>	<b>208,096,360</b>	<b>301,318,237 *</b>

\*Modifications made to the budget since July 27<sup>th</sup> initial presentation:

- Minor adjustments to salary and benefits % calculations
- Increased support for administrative functions to implement business cases in FY23
- Minor adjustments to business needs for departments



# FY2023 Healthcare Delivery Programs

Healthcare Delivery Programs FY23 Proposed Budget	Eligibility & Enrollment	Joint Technology	Clinical Services & Medical Management	Provider Reimbursement & Network Services	Health & Wellness Operations	Quality Assessment & Performance	Community Engagement & Outreach	Service Delivery Operations & Project Management Office	RHP7, 1115 Waiver & Population Health Strategy	Total Healthcare Operations and Support	Direct Healthcare Services	Total Healthcare Delivery
<b>Total FY23</b>	<b>6,629,764</b>	<b>12,024,012</b>	<b>8,777,359</b>	<b>3,508,727</b>	<b>6,965,406</b>	<b>2,463,530</b>	<b>2,158,330</b>	<b>4,425,786</b>	<b>1,876,848</b>	<b>48,829,763</b>	<b>5,673,261</b>	<b>54,503,024</b>
Total FY22	6,202,331	6,346,703	6,851,349	3,495,027	6,662,620	2,108,657	1,788,776	2,299,896	1,146,563	36,901,922	-	-
<b>Total FY23 FTEs (end of year)</b>	<b>45.5</b>	<b>26.8</b>	<b>36.6</b>	<b>6.0</b>	<b>21.9</b>	<b>12.0</b>	<b>7.0</b>	<b>46.0</b>	<b>6.1</b>	<b>207.9</b>	<b>63.5</b>	<b>271.4</b>
Total FY22 FTEs	42.0	15.7	34.6	6.0	13.5	11.0	7.0	16.0	5.4	151.1	1.0	152.1

**NOTE:** Hiring for newly approved positions will align with when services or programs are anticipated to begin throughout the fiscal year



# FY2023 Administration Programs

<b>Administration Programs FY23 Proposed Budget</b>	<i>Finance &amp; Procurement Operations</i>	<i>Office of the CEO &amp; Government Affairs</i>	<i>Administration</i>	<i>Strategy</i>	<i>Human Resources</i>	<i>Communications</i>	<i>Compliance</i>	<b>Total</b>
<b>Total FY23</b>	<b>4,873,694</b>	<b>5,490,447</b>	<b>2,189,427</b>	<b>1,652,496</b>	<b>1,924,764</b>	<b>1,131,708</b>	<b>739,173</b>	<b>18,001,710</b>
Total FY22	3,995,028	3,163,864	1,981,564	1,521,384	1,207,811	994,051	356,545	<b>13,220,246</b>
<b>Total FY23 FTEs (end of year)</b>	<b>21.9</b>	<b>7.4</b>	<b>8.0</b>	<b>2.0</b>	<b>7.9</b>	<b>6.0</b>	<b>4.0</b>	<b>57.1</b>
Total FY22 FTEs	20.7	5.4	8.0	3.0	5.7	5.5	2.0	<b>50.2</b>

**NOTE:** Hiring for newly approved positions will align with when services or programs are anticipated to begin throughout the fiscal year



# FY2023 Capital Funds Proposed Budget

<b>Central Health FY2023 Capital Funds Planning</b>				
	Capital Funds Estimated End of Year Balance FY22 (All Sources)	Additional Capital Funds Required in FY23	Anticipated Capital Expenditures in FY23	Capital Funds Estimated End of Year Balance FY23 (All Sources)
<b>Clinical Services Expansion</b>				
Hornbsy Bend Health and Wellness Center	\$1.781	\$3.982	\$5.763	\$0.000
Del Valle Health and Wellness Center	\$4.868	\$5.050	\$9.918	\$0.000
Rosewood Zaragosa Specialty Clinic	\$1.143	\$7.869	\$9.012	\$0.000
Colony Park Health and Wellness Center	\$15.410	\$0.000	\$4.159	\$11.252
Clinical Services and Headquarters Consolidation	\$43.508	\$0.000	\$23.431	\$20.076
Future Clinical Services Funds*	\$3.217	\$26.000	\$15.500	\$13.717
Downtown Campus Redevelopment	\$1.243	\$1.000	\$1.000	\$1.243
Technology and Equipment	\$2.030	\$1.500	\$1.500	\$2.030
Facilities Maintenance and Operations	\$6.228	\$3.599	\$4.000	\$5.827
<b>Total Reserves Required to Fund Capital Projects</b>	<b>\$79.427</b>	<b>\$49.000</b>	<b>\$74.282</b>	<b>\$54.144</b>
<i>*Specific projects not yet identified, all major projects will be approved by the Board of Mangers</i>				



# BUDGET CALENDAR

- ✓ May 11 Central Health Strategic Planning Committee Meeting  
(FY 2023 Strategic Priorities)
- ✓ May 25 Central Health Board of Managers  
(FY 2023 Central Health Long Term Forecast)
- ✓ June 15 Central Health Board of Managers Meeting  
(FY 2023 Central Health Capital Planning and Property Tax Exemptions)
- ✓ June 9-23 Community Conversations  
(Central Health Equity Focused Service Delivery Strategic Plan)
- ✓ July 27 Central Health Board of Managers Meeting  
(FY2023 Central Health Proposed Budget)
- ✓ Aug 1-19 Community Conversations  
(FY2023 Proposed Budget)



# BUDGET CALENDAR

- ✓ Aug 10 Central Health Budget & Finance Committee Meeting  
(FY2023 Central Health Proposed Budget)
- Aug 24 Central Health Board of Managers Meeting  
(FY2023 Central Health Proposed Budget and vote on maximum tax rate)
- Aug 31 Central Health Public Hearing  
(FY2023 Central Health Proposed Budget and tax rate)
- Sept. 7 Central Health Board of Managers Meeting  
(FY2023 Central Health Budget and Tax Rate Adopted)
- Sept 8 Travis County Commissioners Court Work Session  
(FY2023 Central Health Proposed Budget and tax rate)
- Sept. 20 Travis County Commissioners Court  
(FY2023 Central Health Budget and Tax Rate Adopted)



**Questions?**

**DRAFT**

## TRAVIS COUNTY HEALTHCARE DISTRICT D/B/A CENTRAL HEALTH BOARD OF MANAGERS

### RESOLUTION ADOPTING THE FISCAL YEAR 2023 BUDGET

The Travis County Healthcare District (the “District”), d/b/a Central Health, Board of Managers (the “Board”) hereby adopts the Central Health Fiscal Year 2023 Budget, which:

- A. consists of the Central Health Fiscal Year 2023 Budget Sources and Uses Summary (attached as Attachment A) and the Central Health Fiscal Year 2023 Budget Uses Detail (attached as Attachment B), both of which are incorporated herein by reference as if set out in full;
- B. directs the President and CEO to advance the following Strategic Priorities of the District, as previously established in the Healthcare Equity Plan (also known as the Equity-focused Service Delivery Strategic Plan), to develop an equitable system of care that is comprehensive and accountable, while optimizing the collective use of capabilities and resources to serve the safety-net population, and the related work with periodic reports due to the Board of Managers as follows:
  - a. Increase Access and Capacity
    - i. Continue site expansions with new health centers in Hornsby Bend, Del Valle and Colony Park areas
    - ii. Expansion of Specialty Care services, both contracted and direct, including
      1. Open multispecialty clinic at Rosewood-Zaragosa site
      2. Enhance Behavioral Health & Substance Use Treatment with methadone services
      3. Continue implementation of Direct Practice of Medicine
      4. Increase healthcare services purchased through contracted services as appropriate
  - b. Enhance care coordination with a focus on transitions of care and enabling meaningful information sharing
    - i. Implement Epic electronic health record for Central Health
    - ii. Expand transitions of care program within Central Health’s practice of medicine
  - c. Enhance member enrollment and engagement
    - i. Implement MyChart patient portal
    - ii. Focus enhanced engagement in high-need planning and assessment regions and improve effectuation of care in the primary care setting
  - d. Continue to develop system of care infrastructure
    - i. Complete development and adoption of service delivery operational implementation and financial sustainability plans, alignment, and accountability
    - ii. Dell Med - Future recommendations on the information needed for board consideration, prior to use of any Central Health funds for payment to University of Texas in FY 23
    - iii. Continue to establish and implement a hospital care and services funding model that is transparent and structured such that any funding commitments and assumptions of risk ensure optimum use of local tax dollars and other public funds to improve health of population to be served.
    - iv. Continue development of direct clinical practice infrastructure
    - v. Identify and support critical on-demand operational and administrative capacities



- C. Acknowledge that the Central Health Fiscal Year 2023 Budget will require focused improvement of support operations activities to ensure that Central Health, CommUnityCare Health Centers, and Sendero Health Plans, achieve the mission of greater access to care, promote health equity, and reduce health disparities in those we are privileged to serve. Further, with the expansion of health care in Travis County, Central Health, as a government agency, will need to allocate resources to scale operations. The following will be focused improvements in support operations:
- a. Increase support for active and future facilities construction and maintenance
  - b. Expand human resources department to support growing organization and new practice of medicine
  - c. Evaluate and implement CLAS (Culturally and linguistically appropriate services) standards
  - d. Centralize and develop a visible and robust risk management program
  - e. Enhance records management program
  - f. Deliver direct specialty care services and develop infrastructure to support the practice of medicine
  - g. Expand staff to support new eastern Travis County Health and Wellness operations
  - h. Pilot purchased services for substance use disorder treatment
  - i. Expand joint technology to support additional technology and security systems
  - j. Develop internal support operations coordination and integration of operations to support health care delivery
  - k. Continue to develop HUB policy recommendations and program

The Board further acknowledges that staff time and resources will be dedicated to maintaining needed levels of operations, in addition to new initiatives and improvements, in the areas of compliance, technology, facility operations, communications and outreach, administration of the Medical Access Program, human resources, governance, procurement, and sound business and fiscal practices.

Pursuant to Chapter 281 of the Texas Health & Safety Code, the Central Health Fiscal Year 2023 Budget Sources and Uses Summary and any amendments thereto must be approved by the Travis County Commissioners Court before the budget becomes effective. Moreover, any expenditures incurred or paid pursuant to this Central Health Fiscal Year 2023 Budget shall be controlled by the Travis County Healthcare District Financial Policies, and any other policies adopted by the Board related to reserve levels or the expenditure of funds that explicitly require the Central Health Board of Managers' approval. The acquisitions and services funded by Central Health will, to the greatest extent possible, be predicated on the submission of service or business plans that measure viability, sustainability for the intended term, and value to Central Health's mission.



# 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.

*Right by All* - By being open, anti-racist, equity-minded, and respectful in discourse, we honor those around us and do right by all people.

*Collaboration* - We partner with others to improve the health of our community.

## **BOARD MEETING**

**August 24, 2022**

## **REGULAR AGENDA ITEM 3**

Discuss and take appropriate action on Central Health's proposed property tax rate for FY 2023.  
(Action Item – Roll Call Vote Required)



# 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:

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## **BOARD MEETING**

**August 24, 2022**

## **REGULAR AGENDA ITEM 4**

Set the date, time, and location for the public hearing at which the Central Health Board of Managers will present, and receive comments from the public on, the proposed FY 2023 tax rate. (Action Item)



# CENTRAL HEALTH

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## **BOARD MEETING**

**August 24, 2022**

## **REGULAR AGENDA ITEM 5**

Receive the fiscal year-to-date healthcare service expenditures made by, and accept the preliminary July 2022 financial statements for, Central Health and the Community Care Collaborative. (Informational Item)



# Central Health

## Financial Statement Presentation

FY 2022 – as of July 31, 2022 (Preliminary)

Central Health Board of Managers

August 24, 2022

Lisa Owens, Deputy CFO

Patti Bethke, Controller

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- Slide 2 Index
- Slide 3 Highlights
- Slide 4 Balance Sheet - Assets
- Slide 5 Balance Sheet - Liabilities & Net Assets
- Slide 6 Sources & Uses
- Slide 7 HCD - Summary
- Slide 8 HCD - Blank Page
- Slide 9 HCD - Operating Cost
- Slide 10 HCD - Primary Care
- Slide 11 HCD - Specialty Care

Note: HCD = Health Care Delivery

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- Year-to-date through July collected net property tax revenue is \$260 million compared to \$237 million as of July 2021 representing 98.5% of the adjusted tax levy compared to 98.6% as of July 2021.
- Healthcare Delivery is \$122 million for the ten months ending 7/31/2022.
- GAAP reporting Net Assets increased \$134 million year-over-year.
- TCHD LPPF total restricted balance of LPPF as of 7/31/2022 is \$19 million.

GAAP: Generally Accepted Accounting Principles refer to a common set of accounting principles, standards, and procedures issued by the Financial Accounting Standards Board. GAAP primary focus is to improve clarity, consistency, and comparability of the communication of financial information.

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Assets	Preliminary as	
	of 7/31/2022	as of 7/31/2021
Current Assets		
Cash and cash equivalents	1,839,167	1,205,944
Short-term investments	425,058,937	313,945,173
Ad valorem taxes receivable	2,770,107	2,611,397
Other receivables	2,277,287	4,035,541
Prepaid expenses	453,187	568,987
Total Current Assets	<u>432,398,686</u>	<u>322,367,042</u>
Restricted Cash and Investments or Noncurrent		
Restricted for capital acquisition	91,557,523	9,977,026
Sendero paid-in-capital	71,000,000	71,000,000
Working capital advance to CommUnityCare	4,000,000	4,000,000
Sendero Surplus Debenture	37,083,000	37,083,000
Restricted TCHD LPPF Cash & Investments	18,577,773	38,099,366
Total Restricted Cash and Investments or Noncurrent	<u>222,218,296</u>	<u>160,159,392</u>
Capital Assets		
Land	26,372,222	13,425,967
Buildings and improvements	56,547,506	57,151,299
Equipment and furniture	17,870,903	18,253,615
Capital Projects in progress	14,137,859	5,947,535
Less accumulated depreciation	<u>(29,278,778)</u>	<u>(25,564,457)</u>
Total Capital Assets	<u>85,649,712</u>	<u>69,213,960</u>
<b>Total Assets</b>	<u><u>740,266,695</u></u>	<u><u>551,740,393</u></u>

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<b>Liabilities</b>	<b>Preliminary</b>	
	<b>as of</b>	<b>as of</b>
	<b>7/31/2022</b>	<b>7/31/2021</b>
<b>Current Liabilities</b>		
Accounts payable	6,162,060	7,859,446
Salaries and benefits payable	3,744,535	1,799,865
Other Payables	648,113	1,298,544
Debt service payable, short-term	5,088,843	1,222,051
Deferred tax revenue	2,233,594	2,317,772
<b>Total Current Liabilities</b>	<b>17,877,145</b>	<b>14,497,678</b>
<b>Restricted or Noncurrent Liabilities</b>		
Funds held for TCHD LPPF	18,577,773	38,099,366
Debt service payable, long-term	75,828,416	4,915,000
<b>Total Restricted of Noncurrent Liabilities</b>	<b>94,406,189</b>	<b>43,014,366</b>
<b>Total Liabilities</b>	<b>112,283,334</b>	<b>57,512,043</b>
<b>Net Assets</b>		
Unrestricted	511,674,104	429,920,740
Restricted	56,055,994	-
Investment in Capital Assets	60,253,263	64,307,610
<b>Total Net Assets</b>	<b>627,983,361</b>	<b>494,228,350</b>
<b>Liabilities and Net Assets</b>	<b>740,266,695</b>	<b>551,740,393</b>

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Sources / Uses	Jul 2022	FY22 YTD	FY22 Budget	Percent of Budget Used	FY21 YTD
<b>Sources</b>					
Property Tax Revenue	170,807	260,036,070	260,933,097	100%	237,152,203
Lease Revenue	888,519	10,478,757	13,422,399	78%	10,193,695
Other Revenue	492,123	2,851,164	3,000,000	95%	851,249
Tobacco Settlement Revenue	-	4,676,730	3,000,000	156%	3,872,274
Contingency Reserve (Carryforward)	-	235,884,286	226,521,399	104%	136,179,266
<b>Total Sources</b>	<b>1,551,449</b>	<b>513,927,007</b>	<b>506,876,895</b>	<b>101%</b>	<b>388,248,687</b>
<b>Uses of Funds</b>					
<b>Healthcare Delivery</b>	<b>24,800,376</b>	<b>122,485,302</b>	<b>491,485,796</b>	<b>25%</b>	<b>100,763,785</b>
<b>Administrative Program</b>					
Salaries and benefits	583,433	4,696,262	7,134,758	66%	4,098,286
Consulting Fees	(449)	328,083	1,341,120	24%	255,679
Legal Fees	72,485	750,363	1,456,636	52%	452,739
Other Purchase Goods and Services	196,463	1,343,239	3,287,732	41%	1,348,797
<b>Total Administrative Program</b>	<b>851,932</b>	<b>7,117,947</b>	<b>13,220,246</b>	<b>54%</b>	<b>6,155,501</b>
<b>Tax Collection Expenses</b>	<b>94,790</b>	<b>1,759,583</b>	<b>2,170,853</b>	<b>81%</b>	<b>1,644,464</b>
<b>Total Uses</b>	<b>25,747,098</b>	<b>131,362,832</b>	<b>506,876,895</b>	<b>26%</b>	<b>108,563,750</b>
<b>Excess Sources / (Uses)</b>	<b>(24,195,649)</b>	<b>382,564,175</b>			<b>279,684,937</b>

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Healthcare Delivery Summary	Jul 2022	FY22 YTD	FY22 Budget	Percent of Budget Used	FY21 YTD
<b>Inter-Governmental Transfers (IGTs)</b>	15,385,737	15,385,737	15,509,298	99%	19,983,752
<b>Healthcare Services</b>					
Primary Care - (see detail on Slide 10)	4,132,291	40,356,568	59,040,000	68%	33,120,464
Specialty Care, incld Dental - (see detail on Slide 11)	826,801	6,321,885	17,175,000	37%	4,725,663
Specialty Behavioral Health and Substance Use	43,535	497,742	1,383,855	36%	519,699
Pharmacy	876,779	8,847,563	14,250,000	62%	7,749,122
Post Acute Care	31,412	140,486	2,125,000	7%	-
All Other Healthcare Services	57,253	572,529	6,737,035	8%	548,404
Community Healthcare Initiatives Fund	-	-	875,000	0%	-
<b>Subtotal Healthcare Services</b>	<b>5,968,071</b>	<b>56,736,773</b>	<b>101,585,890</b>	<b>56%</b>	<b>46,663,352</b>
<b>ACA Premium Assist, Education, Enrollment</b>	<b>1,113,532</b>	<b>10,959,550</b>	<b>13,902,929</b>	<b>79%</b>	<b>9,878,190</b>
<b>Healthcare Facilities and Campus Redevelopment</b>	<b>238,908</b>	<b>3,185,410</b>	<b>6,284,795</b>	<b>51%</b>	<b>2,455,404</b>
<b>Healthcare Delivery Operating Costs</b>	<b>1,961,784</b>	<b>16,783,881</b>	<b>35,631,887</b>	<b>47%</b>	<b>14,032,790</b>
<b>SubTotal</b>	<b>9,282,295</b>	<b>87,665,614</b>	<b>157,405,501</b>	<b>56%</b>	<b>73,029,736</b>
<b>Debt, Reserves and Transfers</b>	<b>132,344</b>	<b>19,433,951</b>	<b>318,570,997</b>	<b>6%</b>	<b>7,750,297</b>
<b>Total Healthcare Delivery</b>	<b>24,800,376</b>	<b>122,485,302</b>	<b>491,485,796</b>	<b>25%</b>	<b>100,763,785</b>

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Details for Health Care Delivery on the following slides.

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Healthcare Delivery Detail	Jul 2022	FY22 YTD	FY22 Budget	Percent of Budget Used	FY21 YTD
<b>Healthcare Operations and Support</b>					
<b>ACA and Premium Assistance Programs</b>					
High Risk Premium Programs	861,932	8,057,112	10,240,575	79%	7,032,842
CHAP Program	251,600	2,348,031	3,079,354	76%	2,289,375
ACA Enrollment and Education Services	-	554,407	583,000	95%	555,973
<b>Subtotal ACA &amp; Premium Assist Program</b>	<b>1,113,532</b>	<b>10,959,550</b>	<b>13,902,929</b>	<b>79%</b>	<b>9,878,190</b>
<b>Healthcare Facilities and Campus</b>					
Salaries and benefits	36,050	271,877	395,914	69%	83,177
Consulting Services	-	32,912	1,512,000	2%	236,602
Legal Fees	-	36,315	370,000	10%	169,581
Other Goods & Svc incl. UT Ground Lease	202,858	2,844,306	4,006,881	71%	1,966,044
<b>Subtotal Healthcare Facilities and Campus</b>	<b>238,908</b>	<b>3,185,410</b>	<b>6,284,795</b>	<b>51%</b>	<b>2,455,404</b>
<b>Healthcare Delivery Operating Costs</b>					
Salaries and benefits	1,525,022	12,183,167	18,866,066	65%	9,682,247
Consulting Services	13,189	288,437	840,000	34%	59,138
Legal Fees	-	33,156	339,000	10%	79,194
Other Services and Purchased Goods	423,573	4,279,121	15,586,821	27%	4,212,211
<b>Subtotal HCD Operating Cost</b>	<b>1,961,784</b>	<b>16,783,881</b>	<b>35,631,887</b>	<b>47%</b>	<b>14,032,790</b>
<b>Debt Service, Reserves and Transfers</b>					
Debt Service	132,344	5,744,938	6,152,676	93%	1,250,297
Healthcare Capital Line of Credit	-	-	1,091,773	-	-
FY2022 Capital reserve	-	13,689,013	12,546,013	109%	6,500,000
FY2022 Contingency reserve appropriation	-	-	298,780,535	-	-
<b>Subtotal Debt, Reserves and Transfers</b>	<b>132,344</b>	<b>19,433,951</b>	<b>318,570,997</b>	<b>6%</b>	<b>7,750,297</b>
<b>Total Healthcare Delivery</b>	<b>24,800,376</b>	<b>122,485,302</b>	<b>491,485,796</b>	<b>25%</b>	<b>100,763,785</b>

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<b>Healthcare Delivery - Primary Care</b>	<b>Jul 2022</b>	<b>FY22 YTD</b>	<b>FY22 Budget</b>	<b>Percent of Budget Used</b>	<b>FY21 YTD</b>
<b>Primary Care</b>					
CommUnity Care	3,464,869	34,023,118	45,885,000	74%	27,091,740
Lone Star Circle of Care	368,426	4,345,232	6,755,000	64%	4,154,022
People's Community Clinic	298,730	1,841,554	2,600,000	71%	1,745,386
Other Primary Care	266	146,664	3,800,000	4%	129,316
<b>Subtotal Primary Care Services</b>	<b>4,132,291</b>	<b>40,356,568</b>	<b>59,040,000</b>	<b>68%</b>	<b>33,120,464</b>

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(continued on next page)



Healthcare Delivery - Specialty Care	Jul 2022	FY22 YTD	FY22 Budget	Percent of Budget Used	FY21 YTD	YOY Percent Change	Comments*
Specialty Care							
Ancillary Services & DME	10,039	67,941	735,000	9%	65,771	3%	
Cardiology	53,991	292,731	265,000	110%	81,387	260%	Service Expansion
Referral Services	25,000	250,000	500,000	50%	250,000	0%	
Dental Specialty	95,501	781,777	1,300,000	60%	622,236	26%	Service Expansion
Dermatology	78,402	662,104	550,000	120%	377,373	75%	Service Expansion
Ear, Nose & Throat ENT	8,478	99,300	350,000	28%	204,993	-52%	Provider Vacancy
Endocrinology	79,411	595,117	575,000	103%	259,431	129%	Service Expansion
Gastroenterology	124,075	1,002,610	2,100,000	48%	663,679	51%	Service Expansion
General Surgery	4,700	58,122	300,000	19%	34,187	70%	
Gynecology Complex	0	0	100,000	0%	(2,200)	0%	CCC Agreement
Nephrology	8,890	43,532	200,000	22%	12,353	252%	
Oncology	35,963	264,603	700,000	38%	275,345	-4%	
Ophthalmology	116,112	989,918	1,650,000	60%	949,218	4%	
Prosthetics	22,019	96,847	200,000	48%	114,912	-16%	
Podiatry	42,750	342,601	350,000	98%	182,075	88%	Service Expansion
Pulmonology	42,255	293,422	375,000	78%	133,949	119%	Service Expansion
Reproductive and Sexual Health	8,544	251,376	1,150,000	22%	340,721	-26%	
Rheumatology	29,754	131,996	250,000	53%	110,533	19%	
Neurology	0	0	100,000	0%	0	0%	New CUC Service
Wound Care	21,239	58,289	150,000	39%	49,700	17%	Service Expansion
<b>Subtotal Specialty Care</b>	<b>807,123</b>	<b>6,282,286</b>	<b>11,900,000</b>	<b>53%</b>	<b>4,725,663</b>	<b>33%</b>	
MAP Basic Expansion	0	0	1,975,000	0%	0	0	
Systems Planning Expansion	0	0	3,300,000	0%	0	0	
<b>Total Specialty Care</b>	<b>807,123</b>	<b>6,282,286</b>	<b>17,175,000</b>	<b>37%</b>	<b>4,725,663</b>	<b>33%</b>	

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\* Changes greater than \$90,000 and + / - 33%



# Questions ? Comments ?

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Balance Sheet (Assets) – Slide 4

**Current Assets**

Cash and Cash Equivalents – \$1.8M compared to \$1.2M July 2021

Short-term Investments – Short-term investments were \$425M at month-end, net of restricted investments totaling \$92M.

Ad Valorem Taxes Receivable – \$2.8M balance is composed of:

Gross Tax Receivables	\$ 8.2M
Taxable Assessed Valuation Adjustment	(2.5)M
Est. Allowance for Doubtful collections	(2.9)M
Total Taxes Receivable	<u>\$ 2.8M</u>

Other Receivables – Other receivables total \$2.3M and includes intercompany balances:

- Sendero - \$977K
- Community Care Collaborative - \$35K
- Accrued Interest - \$918K
- Miscellaneous Receivables – \$290K
- AR Enterprise Health Claims (self-funding) - \$89



Balance Sheet (Assets) – Slide 4 (continued)

Prepaid Expenses – \$453K balance composed of:

- Prepaid Insurance - \$148K
- ICC Dues - \$115K
- Deposits - \$82K
- Software - \$43K
- Memberships - \$38K
- JTT Equipment - \$26K
- Prepaid Tax Collection Fees - \$1K

**Total Current Assets – \$432M**

**Restricted Cash & Investments or Noncurrent**

Investments Restricted for Capital Acquisition – \$92M in securities and reserves restricted for capital acquisition.

Sendero Paid-in-Capital – \$71.0M (unchanged)

Working Capital Advance to CommUnityCare – \$4.0M (unchanged)

Sendero Surplus Debenture – \$37.1M (unchanged)

Restricted TCHD LPPF Cash & Investments - \$18.6M

Capital Assets – \$86M, net of accumulated depreciation

**Total Assets – \$740M**



**Current Liabilities** – Slide 5

Accounts Payable – Major components of the \$6.2M balance are:

- \$5.3M estimated IBNR for healthcare services.
- \$887K vendor invoices due.

Salaries and Benefits Payable – \$3.7M balance is comprised of the accrued liability for salary costs unpaid at month-end, the value of accrued personal time off.

Other Payables – \$648K Contract Liability.

Debt Service Payable, Short-Term – \$5.1M in Certificates of Obligation and Interest Payable for Series 2020 and 2021 Taxable and non-Taxable debt.

Deferred Tax Revenue - \$2.2M pending collection

**Total Current Liabilities** – **\$17.9M**

**Restricted or Noncurrent Liabilities**

Funds held for TCHD LPPF - \$18.6M receipts from participants in the LPPF.

Balance Sheet (Liabilities) – Slide 5 (continued)

Debt Service Payable, Long-Term – \$75.8M balance (unchanged):

	Series 2020	Series 2021	
	General Obligation Bonds	Certificates of Obligation Bonds	
Non-tax LT	3.7 M	12.7 M	
Taxable LT		57.4 M	
Premium		2.0 M	
Totals	<b>3.7 M</b>	<b>72.2 M</b>	<b>75.8 M</b>

\$7.285M was originally issued in 2011 for the North Central clinic and refunded May 2020. \$72.9M was issued in 2021 for two clinics and an administration building. Annual payments are due on 3/1 for all Series.

**Total Restricted of Noncurrent Liabilities – \$94M**

**Total Liabilities – \$112M**

**Net Assets**

Unrestricted Net Assets – \$512M

Restricted Net Assets – \$56M

Investment in Capital Assets – \$60M

**Total Net Assets – \$628M**

**Total Liabilities and Net Assets – \$740M**



**Sources and Uses Report** – Slide 6

July financials → ten months, 83% of the fiscal year.

**Sources – Total \$1.6M for the month**

Property Tax Revenue – Net property tax revenue for the month was \$171K. Net revenue includes \$217K current month's collections; \$67K Penalties and Interest; and (\$113K) in adjustments for prior year delinquent taxes.

Lease Revenue – \$889K recorded for Seton and Hancock Clinic

Other Revenue – \$492K in monthly investment income

**Uses of Funds – Total \$25.7M for the month**

Total Healthcare Delivery Program – Total healthcare delivery expenses were \$24.8M for the month and \$122M YTD compared to \$101M FY21 YTD.

Healthcare Delivery Budget includes funds for service expansion in Post-Acute Care \$2.1M, Primary & Specialty Care \$6.7M, and Community Health Care Initiatives \$875K

Administration Program – \$852K in expense for the month, which includes:

- Personnel costs – \$583K
- Legal fees – \$72K
- Other general and administrative – \$197K

**Tax Collection Expenses** – \$95K for the month.

**Excess Sources/(Uses)** – (\$24M) in July. Current YTD is \$383M compared to \$280M FY21 YTD.



**Healthcare Delivery Expense** – Slide 7

**Healthcare Delivery Expense** – Total \$24.8M July; \$122M YTD compared to \$101M FY21 YTD.

Intergovernmental Transfers (“IGT’s”) – YTD \$15.4M for DSRIP IGT compared to \$20M YTD last year for DSRIP IGT.

Healthcare Services – Healthcare delivery providers’ expense for July totaled \$6M, which includes:

- Primary care – \$4.1M
- Specialty Care - Dental – \$827K
- Specialty Care - Behavioral Health – \$44K
- Pharmacy - \$877K
- All Other - \$89K

ACA Premium Assist, Education, Enrollment – \$1.1M in expenses for the month; \$11M YTD compared to \$10M FY21 YTD

Healthcare Facilities and Campus Redevelopment - \$239K in expense for the month and \$3.2M YTD.

Healthcare Delivery Operating Cost – \$1.9M in expenses for the month and includes:

- Personnel costs – \$1.5M
- Consulting Services – \$13K
- Legal Fees - \$0K
- Other services and purchased goods – \$423.6K

Debt, Reserves and Transfer – \$132K in Debt Service

**Total Healthcare Delivery** - for the month of July was \$24.8M.

# Community Care Collaborative

## Financial Statement Presentation

### FY 2022 – as of July 31, 2022 (Preliminary)

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**Central Health Board of Managers**  
**Board of Managers Meeting**  
**August 24, 2022**

**Jeff Knodel, Chief Financial Officer**  
**Lisa Owens, Deputy Chief Financial Officer**



**Community Care**  
**COLLABORATIVE**

a partnership of Central Health and Seton Healthcare Family

*Preliminary*

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# Highlights Community Care Collaborative

## July 31, 2022



- \* Cash is at \$10.6M compared to \$60.2M last year.
- \* Total Liabilities are at \$49.9M at the end of July.
- \* Net Assets at the end of July are \$7.4M.

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*Preliminary*



# Balance Sheet Community Care Collaborative

July 31, 2022



	<u>7/31/2022</u>	<u>7/31/2021</u>
<b>Assets</b>		
Cash and Cash Equivalents	10,635,083	60,182,571
Other Receivables	46,646,907	8,045,569
Prepaid and Other	36,503	106,425
Total Assets	<u>57,318,493</u>	<u>68,334,565</u>
<b>Liabilities</b>		
AP and Accrued Liabilities	40,514,473	40,997,783
Deferred Revenue	9,352,382	7,455,418
Other Liabilities	69,390	164,831
Accrued Payroll	0	103,715
Total Liabilities	<u>49,936,245</u>	<u>48,721,747</u>
Net Assets	<u>7,382,248</u>	<u>19,612,817</u>
Liabilities and Net Assets	<u>57,318,493</u>	<u>68,334,565</u>

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*Preliminary*

# Sources and Uses Report, Budget vs Actual

## Fiscal Year-to-Date through July 31, 2022



<b>Sources of Funds</b>	<b>Budget</b>	<b>YTD Actual</b>	<b>YTD % of Budget</b>	<b>Prior YTD Actual</b>
DSRIP Revenue	61,168,472	44,726,483	73%	59,134,908
Operations Contingency Carryforward	5,362,495	9,123,145	170%	11,316,128
Other Sources	100,000	19,258	19%	12,218
<b>Total Sources of Funds</b>	<b>66,630,967</b>	<b>53,868,886</b>	<b>81%</b>	<b>70,463,254</b>
<b>Uses - Programs</b>				
Healthcare Delivery	19,630,967	11,094,302	57%	11,243,040
UT Services Agreement	35,000,000	35,000,000	100%	35,000,000
DSRIP Project Costs	12,000,000	5,392,336	45%	9,607,396
<b>Total Uses</b>	<b>66,630,967</b>	<b>51,486,638</b>	<b>77%</b>	<b>55,850,436</b>
<b>Net Sources (Uses)</b>	<b>-</b>	<b>2,382,248</b>		<b>14,612,817</b>
<b>Net Assets</b>		<b>7,382,248</b>		<b>19,612,817</b>

\* Operating under FY20 approved budget.

*Preliminary*

DRAFT



# Healthcare Delivery Costs - Summary

Fiscal Year-to-Date through July 31, 2022

	Budget	YTD Actual	YTD % of Budget	Prior YTD Actual
<b>Healthcare Delivery</b>				
Primary Care & Emergency Transport	921,822	721,568	78%	766,669
Specialty Care	3,908,000	1,719,305	44%	1,815,773
Specialty Behavioral Health	8,000,000	5,563,356	70%	5,248,524
Post-Acute Care	2,675,000	1,651,787	62%	1,662,606
Urgent and Convenient Care	475,000	63,474	13%	102,194
Healthcare Delivery - Operations	2,849,742	1,374,812	48%	1,647,274
Operations Contingency Reserve	801,403	0	0%	0
<b>Total Healthcare Delivery</b>	<b>19,630,967</b>	<b>11,094,302</b>	<b>57%</b>	<b>11,243,040</b>

DRAFT

\* Operating under FY20 approved budget.

*Preliminary*

# Thank You

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



a partnership of Central Health and Seton Healthcare Family

DRAFT

*Preliminary*



July 2022 FYTD Financial Statements (unaudited)  
Page 1 of 4

## **Balance Sheet**

### **Current Assets**

Cash and Cash Equivalents – \$10.6M

Other Receivables – \$46.6M – DSRIP CY21 Receivable, \$23K Atrium Lease Receivable

Prepaid and Other – \$37K – Atrium security deposit

**Total Assets – \$57.3M**

### **Liabilities**

Accounts Payable and Accrued Liabilities – \$40.5M, which includes:

- \$5.5M estimated IBNR (Incurred But Not Received) for healthcare provider services
- \$35K due to Central Health
- \$35M due to UT Dell Med School

Deferred Revenue – \$9.4M deferred revenue related to DSRIP projects

Other Liabilities – \$69K includes leasehold improvement allowance liability of \$20K and deferred rent of \$49K

**Total Liabilities – \$49.9M**

### **Net Assets**

Unrestricted Net Assets – \$7.4M



July 2022 FYTD Financial Statements (unaudited)  
Page 2 of 4

**Total Net Assets – \$7.4M**

**Total Liabilities and Net Assets – \$57.3M**

**Sources and Uses Report**

July financials > 10 months > 83% of fiscal year

**Sources of Funds, Year-to-Date - \$53.9M**

DSRIP Revenue - \$44.7M

Operations Contingency - \$9.1M from FY2021, excluding emergency reserves of \$5M.

Other Sources – \$19K Interest income

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

Operating Expenses

Healthcare Delivery (Excludes DSRIP) – \$11.1M

	Budget	YTD Actual	YTD % of Budget	Prior YTD Actual
<b>Healthcare Delivery</b>				
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UT Services Agreement – \$35M

DSRIP Project Costs – \$5.4M, primarily made up of provider earnings of:

- Community Care - \$4.9M
- Lone Star Circle of Care – \$368K
- Hospice Austin – \$21K
- DSRIP Operating Expenses - \$85K





# CENTRAL HEALTH

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## **BOARD MEETING**

**August 24, 2022**

## **REGULAR AGENDA ITEM 6**

Receive an update on the Central Health dashboards associated with service level reporting for FY 2022. (Informational Item)



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CommUnityCare | Sendero

# External Dashboard Update


**Sarita Clark-Leach**, Director of Analytics & Reporting

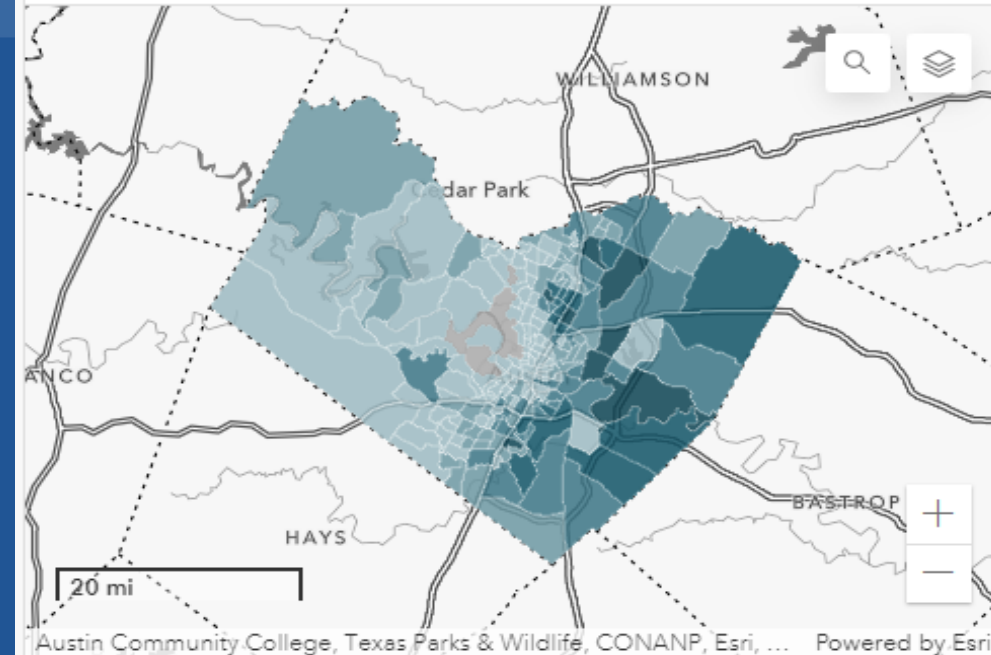
**JP Eichmiller**, Senior Director of Strategy & Information Design

**Ashley Levulett**, Geospatial Data Scientist

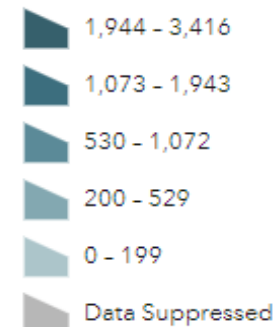
Enrollment and Clinic Utilization Dashboard

(Desktop version: <https://arcg.is/1GLnGW0>)

Select the  icon to view and change map layers.



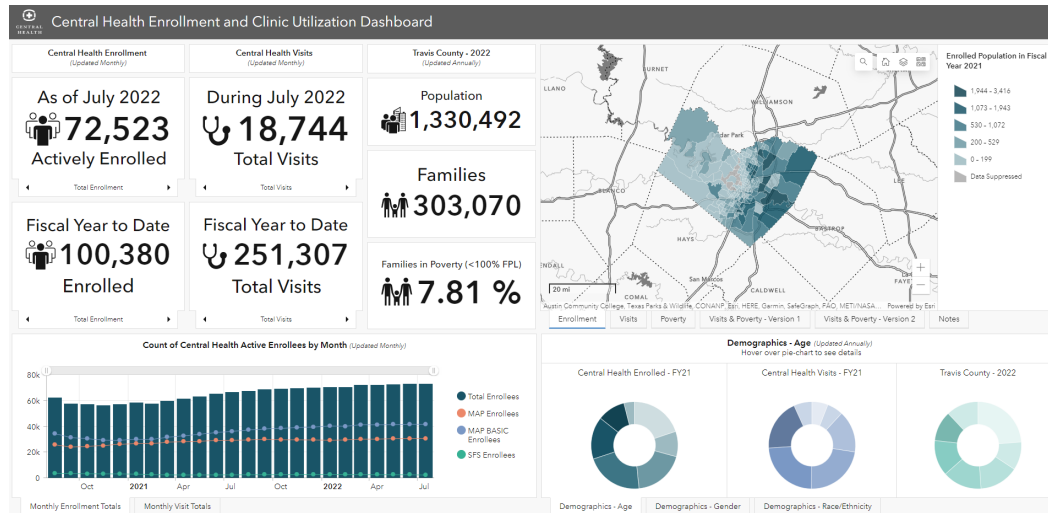
## Enrolled Population in Fiscal Year 2021



Enrollment, Visit, and Poverty Maps

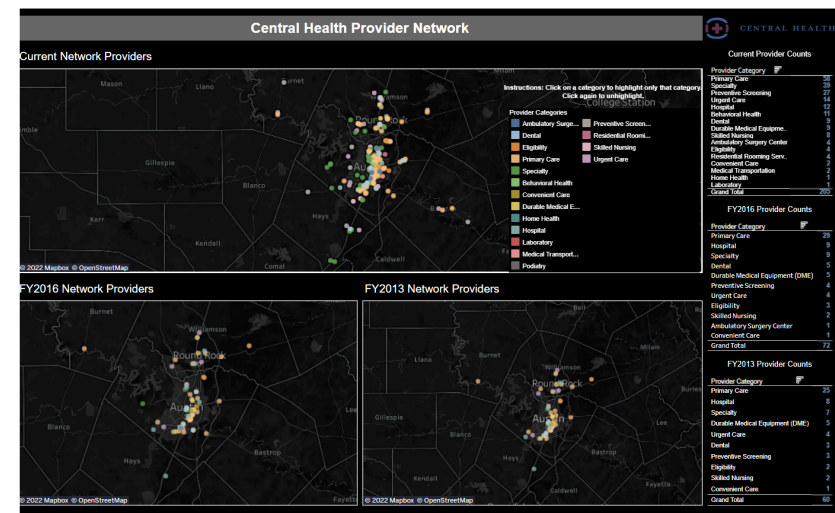
# Central Health External Dashboards

## Enrollment & Clinic Utilization



<https://www.centralhealth.net/our-work/enrollment-clinic-utilization-dashboard/>

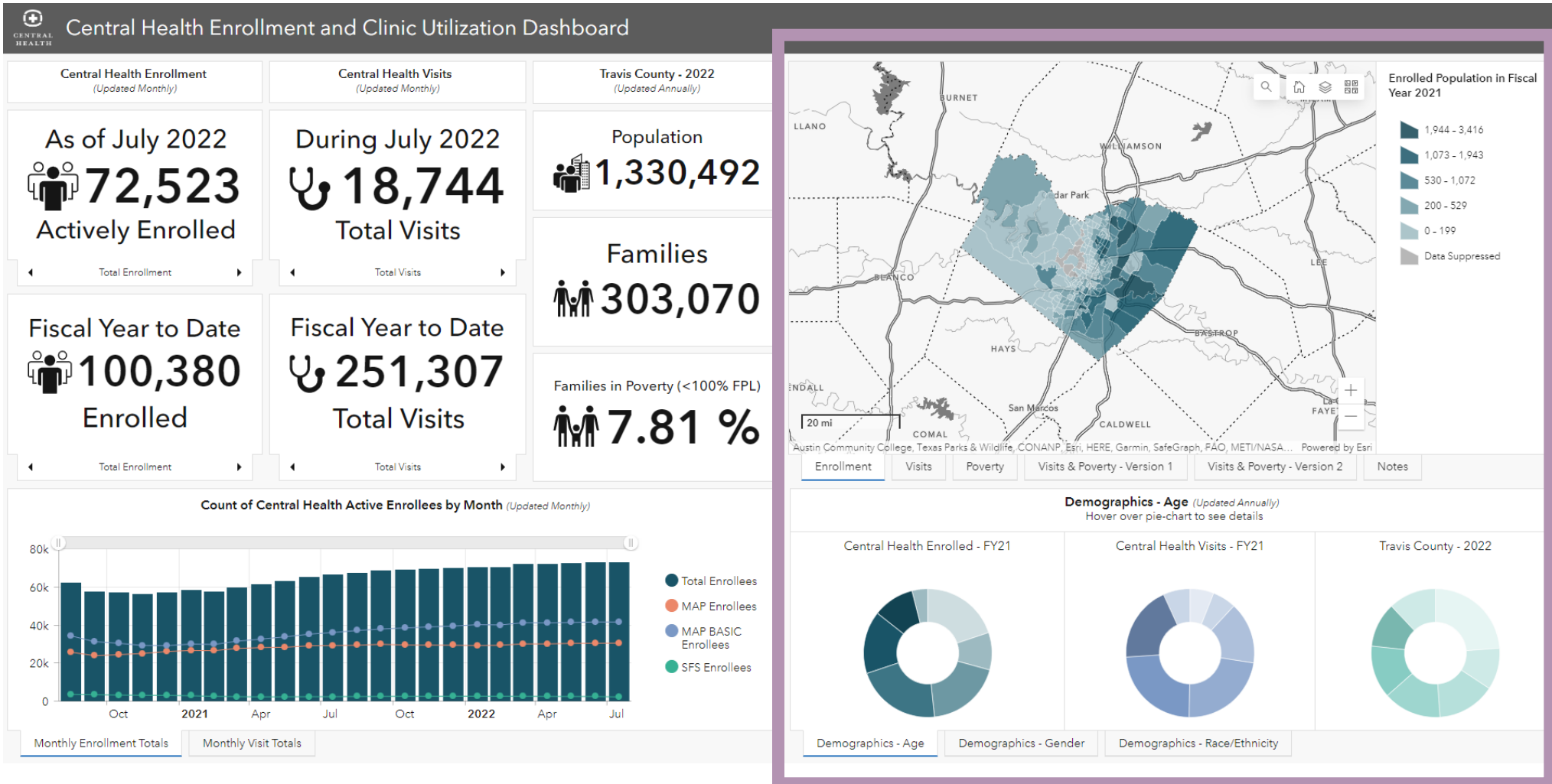
## Provider Network



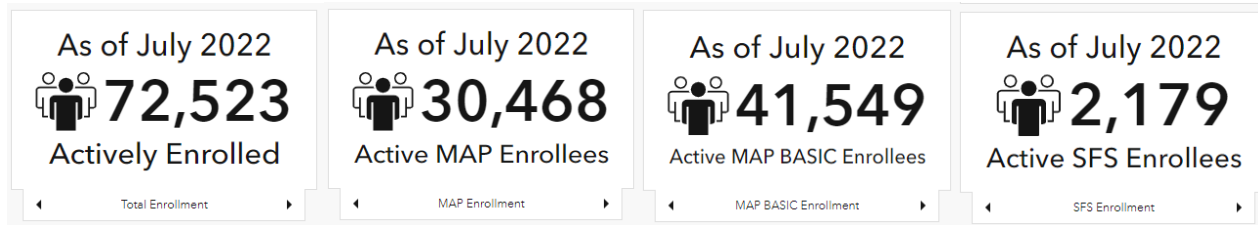
<https://www.centralhealth.net/our-work/provider-map/>



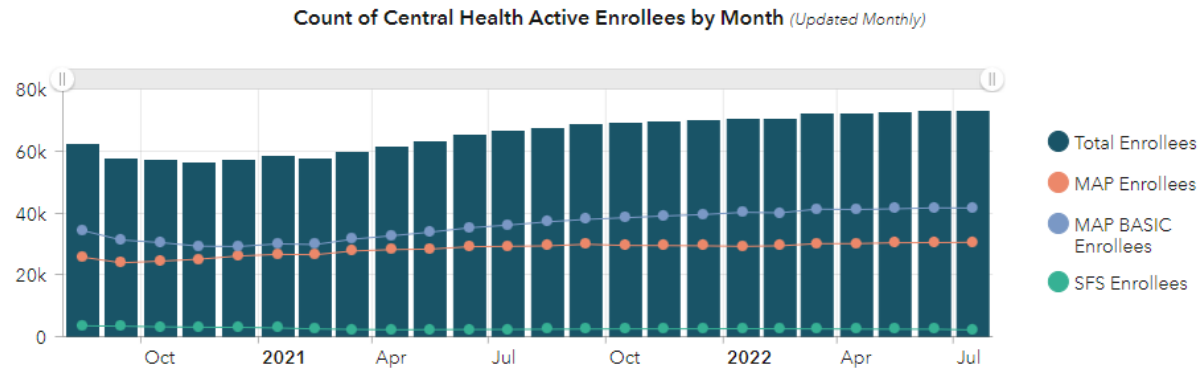
# Enrollment and Clinic Utilization Dashboard



# Enrollment and Clinic Utilization Dashboard: Change in Enrollment



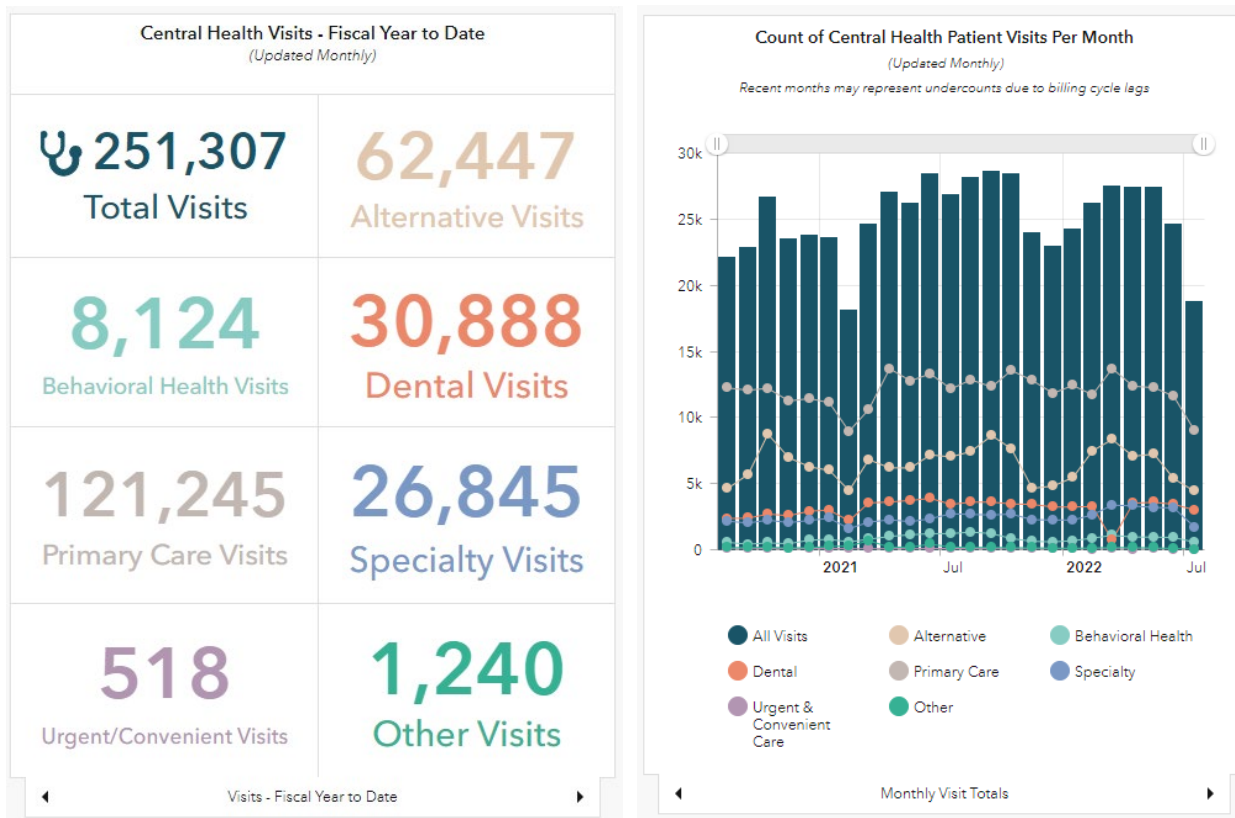
- Since February 2022, the unduplicated count of actively enrolled members has increased by 2,284.



- MAP Members: ↑ 1,128
- MAP BASIC Members: ↑ 1,619
- SFS Members: ↓ 303



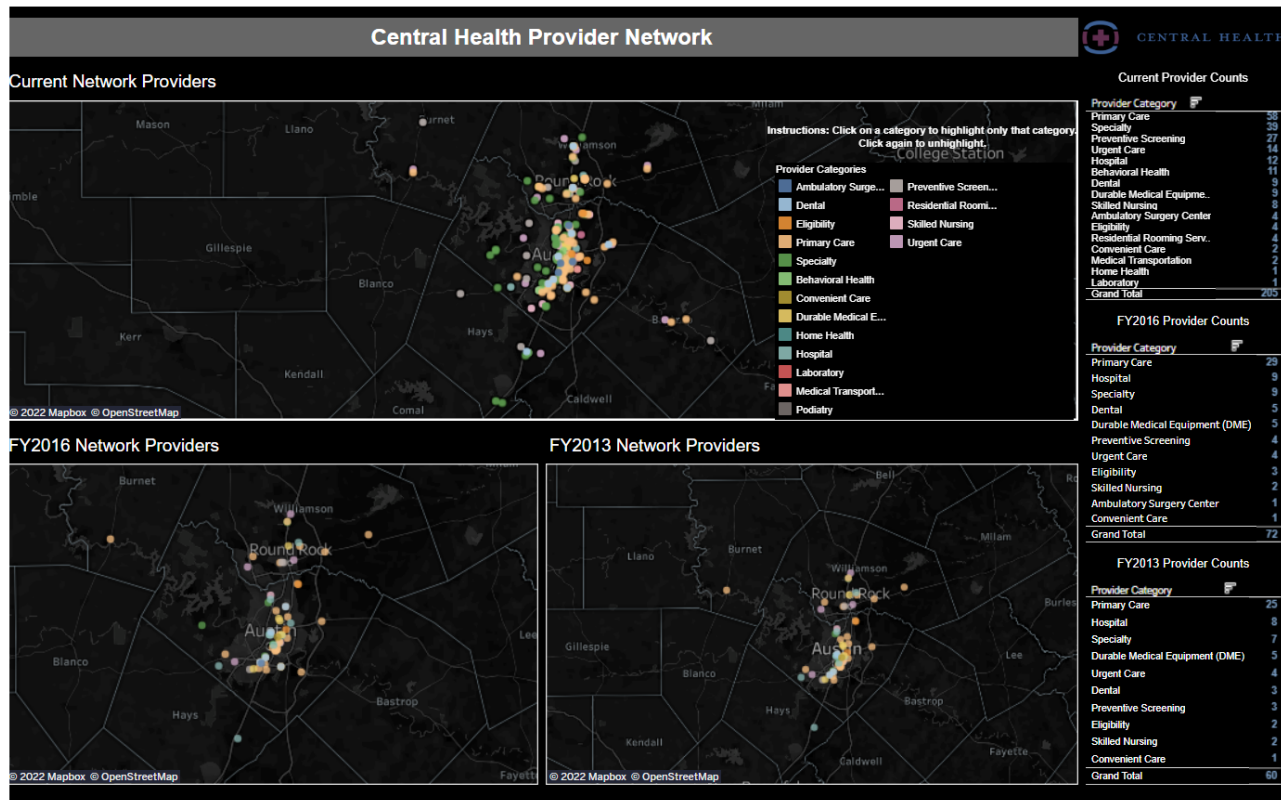
# Enrollment and Clinic Utilization Dashboard: Visits Fiscal Year to Date



- In FY22 to date, there have been 251,307 clinical visits with Central Health providers.
  - 48.2% Primary Care Visits
  - 24.8% Alternative Visits
  - 12.3% Dental Visits
  - 10.7% Specialty Visits
  - 3.2% Behavioral Health Visits
  - 0.5% Other Visits
  - 0.2% Urgent/ Convenient Care Visits



# Central Health Provider Network Dashboard



- There are currently 205 provider locations mapped within the Central Health Provider Network
  - 185% increase in count of providers since FY16 and 242% increase since FY13
- Primary Care, Specialty, and Preventative Screening providers represent the majority of providers in Central Health's network









CENTRAL HEALTH

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## BOARD MEETING

**August 24, 2022**

## REGULAR AGENDA ITEM 7

Receive and discuss an update on Central Health Enterprise Branding. (Informational Item)

# ENTERPRISE BRANDING

Ted Burton, VP of Communications

Mike Geeslin, President and CEO



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# ENTERPRISE BRANDING



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## Goal

- Help Travis County residents – especially people with low-income – understand how the Enterprise affiliates (e.g. Central Health, CommUnityCare, Sendero) are connected and create a system of care and coverage.

## Objective

- Connect the Central Health Enterprise brands and products.
- Showcase the collective value and strength the Enterprise brings to the community.
- Using branding to create a platform for clear communication about how health care for people with low-income is planned, delivered, and funded in Travis County

# ENTERPRISE BRANDING: HISTORY



CENTRAL HEALTH

## **Germane Solutions Performance Review (2018)**

- *“There is confusion among constituents regarding the actual relationship between Central Health and its various Enterprise and Affiliated Partners. Central Health needs to ensure that the community understands its role as the “hub” of a broad network of care. . . A marketing strategy similar to the “Intel Inside” campaign may be needed, so that the community recognizes the value it provides through its network.”*

## **Unified Branding Process (started in 2019; paused due to COVID-19 response)**

- Peer Research
- Stakeholder Interviews
- Pre-campaign Perception and Awareness Survey
- Patient and Non-patient Focus Groups
- Name Exploration
- Logo Design and Brand Standards

# 2021 AWARENESS SURVEY



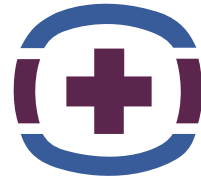
CENTRAL HEALTH

- Central Health Enterprise organizations perform strongly among current patients in awareness and favorability
- Central Health Enterprise organizations have improved notably in awareness and favorability among Spanish speakers, Hispanics, and African Americans since 2019, showing that the efforts of reaching these groups is working well
- Central Health (+20ppts) and CommUnityCare (+18ppts) awareness has increased substantially among Spanish speakers
- Central Health awareness has risen across all ethnicity segments, particularly among African American respondents (+10ppts)

# ENTERPRISE BRANDING: CURRENT



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**CommUnityCare**  
HEALTH CENTERS



**MAP**  
MEDICAL ACCESS PROGRAM



**SENDERO**  
HEALTH PLANS



**Integral Care**

# UNIFIED NAMING SYSTEM: EXAMPLES



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**CENTRAL HEALTH**  
TRAVIS CO. HOSPITAL DISTRICT

**CENTRAL HEALTH**  
ROSEWOOD-ZARAGOSA HEALTH CENTER

**COMMUNITY CARE**  
SOUTHEAST BY CENTRAL HEALTH

**COMMUNITY CARE**  
BASTROP

**SENDERO**  
HEALTH PLANS BY CENTRAL HEALTH

# NEXT STEPS

- Develop/approve Enterprise naming system
- Develop/test/approve Enterprise brand identity (e.g. logos, colors, fonts)
- Develop rollout plan including timeline and budget



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## **BOARD MEETING**

**August 24, 2022**

## **REGULAR AGENDA ITEM 8**

Receive and discuss updates on the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) program and associated projects, the Community Care Collaborative, and other healthcare delivery partners, programs, projects, and arrangements, including agreements with Ascension Texas and the University of Texas at Austin.3 (Informational Item)



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## **BOARD MEETING**

**August 24, 2022**

## **REGULAR AGENDA ITEM 9**

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