



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.

BUDGET AND FINANCE COMMITTEE MEETING

Wednesday, July 26, 2023, 4:00 p.m.

Videoconference meeting¹

A quorum of the Committee 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 Zoom meeting link listed below (copy and paste into your web browser):

<https://us06web.zoom.us/j/82206073286?pwd=bFkraGZ3a2MxbVo1YlhyTGRsdS9RUT09>

Meeting ID: 822 0607 3286

Passcode: 301981

Or to participate by telephone only:

Dial: (346) 248 7799

Meeting ID: 822 0607 3286

Passcode: 301981

The Committee may meet via videoconference with a quorum present in person and will allow public participation via videoconference and telephone as allowed under the Open Meetings Act. Although a quorum of the Committee will be physically present at the location posted in this 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 this 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 this meeting notice. Resources related to COVID-19 can be found at the following link:

<https://www.centralhealth.net/covid-info/>.

A member of the public who wishes to make comments virtually during the Public Communication portion of the meeting must properly register with Central Health **no later than 2:30 p.m. on July 26, 2023**. 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 and leave a voice message with your full name, your request to comment via telephone, videoconference, or in-person at the meeting; 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 Committee meetings include setting a fixed amount of time for a person to speak and limiting Committee responses to public inquiries, if any, to statements of specific factual information or existing policy.

COMMITTEE AGENDA²

1. Approve the minutes of the June 14 and July 12, 2023 Budget and Finance Committee meetings. (*Action Item*)
2. Receive and discuss a presentation on the Fiscal Year (FY) 2024 preliminary Budget and the financial forecast for subsequent fiscal years, including information on possible property tax rates to be assessed. (*Informational item*)
3. Receive updates on the preliminary May and June 2023 financial statements, including capital projects, for Central Health and the Community Care Collaborative. (*Informational Item*)
4. Confirm the next Budget and Finance Committee meeting date, time, and location. (*Informational Item*)

¹ This meeting may include one or more members of the Budget and Finance Committee participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the meeting at Central Health Headquarters, 1111 Cesar Chavez, Austin, Texas 78702. This meeting location will be open to the public during the open portions of the meeting, and any member participating by videoconference shall be visible and audible to the public members in attendance 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.**

² The Budget and Finance Committee 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 Committee announces that the item will be considered during a closed session. A quorum of Central Health's Board of Managers may convene or participate via videoconference to discuss matters on the Committee agenda, and any Committee actions will be in conformance with the Central Health Bylaws.

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Any individual with a disability who plans to attend or view this meeting and requires auxiliary aids or services should notify Central Health as far in advance of the meeting day as possible, but no less than 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.

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.

Board Manager Signature

Date

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?



CENTRAL
HEALTH

BUDGET & FINANCE COMMITTEE MEETING
July 26, 2023

AGENDA ITEM 1

Approve the minutes of the June 14 and July 12, 2023 Budget and Finance Committee meetings.
(Action Item)



CENTRAL
HEALTH

BUDGET & FINANCE COMMITTEE MEETING

July 26, 2023

AGENDA ITEM 2

Receive and discuss a presentation on the Fiscal Year (FY) 2024 preliminary Budget and the financial forecast for subsequent fiscal years, including information on possible property tax rates to be assessed. (*Informational 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 July 26, 2023

Who will present the agenda item? (Name, Title) Kim Johnson, Budget and Financial Analyst, Jeff Knodel, CFO

General Item Description Long term forecast for Central Health to begin the budget process

Is this an informational or action item? Informational

Fiscal Impact FY2024 Budget

Recommended Motion (if needed – action item) N/A

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

- 1) Long term forecast of sources and uses of funds needed to achieve strategic priorities.
- 2) Recommendation from staff for a proposed tax rate to start the budgeting process.
- 3) _____
- 4) _____

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

Estimated time needed for presentation & questions? 30 minutes

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

Form Prepared By/Date Submitted: Lisa Owens, Deputy CFO



CENTRAL
HEALTH

BUDGET & FINANCE COMMITTEE MEETING

July 26, 2023

AGENDA ITEM 3

Receive updates on the preliminary May and June 2023 financial statements, including capital projects, for Central Health and the Community Care Collaborative. (*Informational Item*)



CENTRAL HEALTH

Central Health

Financial Statement Presentation

FY 2023 – as of June 30, 2023 (Preliminary)

Central Health Board of Managers

July 26, 2023

Lisa Owens, Deputy CFO

Patti Bethke, Controller



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Slide 6 HCD - Summary

Slide 7 HCD - Specialty



- Year-to-date through June collected net property tax revenue is \$278 million compared to \$260 million as of June 2022 representing 97.5% of the adjusted tax levy compared to 98.4% as of June 2022.
- Healthcare Delivery is \$135 million for the year as of 6/30/2023.
- GAAP reporting Net Assets increased \$126 million year-over-year.
- TCHD LPPF total restricted balance of LPPF as of 6/30/2023 is \$2.8 million.
- Governmental Accounting Standards Board statement 87, Leases (GASB87) the new lease accounting standard requires entities to report future long term lease obligations, previously reported as operating activity, on the balance sheet to convey control of the right to use the non-financial asset. This will significantly increase long term governmental balance sheets as a result of this requirement. The new rules require lessees to recognize a lease liability and an intangible asset while lessors are required to recognize lease receivables and a deferred inflow of resources on their financial statements.

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.



	Preliminary as of 6/30/2023	as of 6/30/2022
ASSETS		
CURRENT ASSETS		
CASH AND CASH EQUIVALENTS	4,838,387	2,144,384
SHORT TERM INVESTMENTS	522,927,021	445,770,829
RESTRICTED INVESTMENTS	109,772,080	110,450,060
AD VALOREM TAX RECEIVABLE	3,994,337	3,023,174
OTHER RECEIVABLES	7,551,060	4,687,380
TOTAL CURRENT ASSETS	649,082,886	566,075,827
LONG TERM ASSETS	112,083,000	112,083,000
LEASE RECEIVABLE		
LEASE RECEIVABLE SHORT TERM	11,600,579	-
LEASE RECEIVABLE LONG TERM	239,287,301	-
TOTAL LEASE RECEIVABLES	250,887,880	-
CAPITAL ASSETS	186,938,044	114,390,608
ACCUMULATED DEPRECIATION	(35,614,196)	(28,815,146)
TOTAL CAPITAL ASSETS	151,323,847	85,575,462
TOTAL ASSETS	1,163,377,613	763,734,290
LIABILITIES		
CURRENT LIABILITIES		
ACCOUNTS PAYABLE	10,793,582	6,156,943
SALARIES & BENEFITS PAYABLE	6,019,284	2,962,700
DEBT SERVICE SHORT TERM	4,445,000	1,660,000
DEFERRED TAX REVENUE	3,568,115	2,634,799
TOTAL CURRENT LIABILITIES	24,825,981	13,414,442
RESTRICTED OR NONCURRENT LIABILITIES		
FUNDS HELD FOR TCHD LPPF	2,801,941	18,552,294
DEBT SERVICE PAYABLE LONG TERM	71,854,942	79,124,914
TOTAL RESTRICTED OR NONCURRENT LIABILITIES	74,656,883	97,677,208
NONCURRENT LIABILITIES LEASES		
LEASE PAYABLE LONG TERM	45,346,578	-
DEFERRED REVENUE LONG TERM	239,596,849	-
TOTAL NON CURRENT LIABILITIES LEASES	284,943,428	-
TOTAL LIABILITIES	384,426,292	111,091,650
NET ASSETS		
UNRESTRICTED	607,787,414	536,408,096
RESTRICTED	52,118,502	56,055,994
INVESTMENT IN CAPITAL ASSETS	119,045,405	60,178,549
TOTAL NET ASSETS	778,951,321	652,642,639
LIABILITIES AND NET ASSETS	1,163,377,613	763,734,290

* New GASB87 reporting requirement for leases.



SOURCES / USES	JUN 2023	FY23 YTD	FY23 Budget	Percent of Budget Used	FY22 YTD
SOURCES					
PROPERTY TAX REVENUE	(487,917)	278,195,786	281,605,053	98.79%	259,865,263
LEASE REVENUE	1,573,374	14,407,207	13,145,328	109.60%	9,590,238
OTHER REVENUE	1,938,871	15,544,569	1,500,000	1036.30%	2,359,041
TOBACCO SETTLEMENT REVENUE	-	4,828,924	4,500,000	107.31%	4,676,730
TOTAL SOURCES	3,024,329	312,976,486	300,750,381	104.07%	276,491,272
USES OF FUNDS					
HEALTHCARE DELIVERY PROGRAM (SEE NEXT PAGE)	15,072,123	134,669,691	283,208,877	47.55%	97,667,241
ADMINISTRATIVE PROGRAM					
SALARIES AND BENEFITS	759,470	5,620,807	9,641,743	58.30%	4,161,283
OTHER GOODS AND SERVICES	2,516,117	9,072,137	12,507,617	72.53%	3,769,414
TOTAL ADMINISTRATIVE PROGRAM	3,275,586	14,692,943	22,149,360	66.34%	7,930,697
TOTAL USES	18,347,709	149,362,635	305,358,238	48.91%	105,593,698
EXCESS SOURCES / (USES)	(15,323,380)	163,613,851	(4,607,857)		170,897,574



CENTRAL HEALTH

HEALTHCARE DELIVERY SUMMARY	JUN 2023	FY23 YTD	FY23 Budget	Percent of Budget Used	FY22 YTD
PURCHASED HEALTHCARE SERVICES					
PRIMARY CARE	8,182,030	42,218,908	66,236,822	64%	36,224,277
SPECIALTY CARE, INCLD DENTAL	1,893,005	10,492,171	27,163,000	39%	5,506,428
SPECIALTY BEHAVIORAL HEALTH AND SUBSTANCE USE	(369,106)	5,562,118	12,040,000	46%	454,207
PHARMACY	1,532,135	8,051,874	17,000,000	47%	7,957,536
POST ACUTE CARE	394,803	2,886,119	5,650,000	51%	110,976
COMMUNITY HEALTHCARE INITIATIVES FUND	23,400	135,107	1,750,000	8%	-
ALL OTHER HEALTHCARE SERVICES	-	-	687,035		515,276
SUBTOTAL PURCHASED HEALTHCARE SERVICES	11,656,267	69,346,298	130,526,857	53%	50,768,700
DIRECT HEALTHCARE SERVICES	80,416	351,412	5,673,261	6%	70,694
MAP ELIGIBILITY - INCREASE IN PERIOD	-	-	2,000,000		-
SUBTOTAL HEALTHCARE SERVICES	11,736,683	69,697,710	138,200,118	50%	50,839,394
ACA PREMIUM ASSIST	1,128,773	9,927,189	14,648,261	68%	9,291,726
HEALTHCARE FACILITIES AND CAMPUS REDEVELOPMENT	296,761	2,457,528	4,754,027	52%	2,951,352
HEALTHCARE DELIVERY OPERATION COSTS	1,785,197	24,081,709	48,109,728	50%	15,283,163
DEBT, RESERVES AND TRANSFERS	124,708	28,505,555	55,496,744	51%	19,301,607
UT AFFILIATION AGREEMENT	-	-	22,000,000		-
TOTAL HEALTHCARE DELIVERY	15,072,123	134,669,691	283,208,877	48%	97,667,241



CENTRAL HEALTH

HEALTHCARE DELIVERY - SPECIALTY CARE	JUN 2023	FY23 YTD	FY2023 BUDGET	Percent of Budget Used	FY2022 YTD
HCD-Ancillary Services	7,285	92,036	2,408,000	4%	51,606
HCD-Cardiology	31,070	286,100	1,215,000	24%	238,741
HCD-Dental	6,748	993,455	1,500,000	66%	686,276
HCD-Dermatology	467,758	670,679	1,125,000	60%	583,702
HCD-Dialysis	83,535	539,709	2,600,000	21%	-
HCD-Durable Medical Equipment	2,644	44,095	-		6,295
HCD-Endocrinology	46,137	476,335	925,000	51%	515,706
HCD-Ear, Nose & Throat ENT	(2,723)	120,224	500,000	24%	90,821
HCD-Gastroenterology	166,528	937,009	2,100,000	45%	878,535
HCD-General Surgery	97,855	354,801	200,000	177%	53,423
HCD-Gynecology	126,109	1,005,755	1,050,000	96%	-
HCD-Musculoskeletal	40,786	1,286,420	1,700,000	76%	-
HCD-Nephrology	9,293	82,689	350,000	24%	34,642
HCD-Neurology	6,082	38,907	300,000	13%	-
HCD-Oncology	168,528	452,102	1,800,000	25%	228,640
HCD-Ophthalmology	208,852	1,068,835	3,300,000	32%	887,055
HCD-Orthopedics	-	-	-	0%	-
HCD-Orthotics & Prosthetics	83,622	347,484	-	0%	74,827
HCD-Pain Management	-	-	350,000	0%	-
HCD-Physical Med & Rehab	54,015	119,630	-	0%	18,015
HCD-Podiatry	186,674	605,502	1,350,000	45%	299,853
HCD-Project Access	-	-	330,000	0%	-
HCD-Pulmonology	41,453	273,101	475,000	57%	251,167
HCD-Referral Management	4,950	122,040	875,000	14%	225,000
HCD-Rheumatology	23,376	202,939	350,000	58%	102,242
HCD-Sexual & Reproductive Svc	(33,102)	283,794	2,110,000	13%	242,833
HCD-Urology	-	-	250,000	0%	-
HCD-Wound Care	65,531	88,531	-		37,050
Total Healthcare Delivery - Specialty Care	1,893,005	10,492,171	27,163,000	39%	5,506,428



Questions ? Comments ?



Balance Sheet

Current Assets

Cash and Cash Equivalents – \$4.8M compared to \$2.1M June 2022

Short-term Investments – Short-term investments were \$523M at month-end, net of restricted investments totaling \$110M.

Ad Valorem Taxes Receivable – \$4M balance is composed of:

Gross Tax Receivables	\$	11.8M
Taxable Assessed Valuation Adjustment		(5)M
Est. Allowance for Doubtful collections		(2.8)M
Total Taxes Receivable		<u>\$ 4M</u>

Other Receivables – Other receivables total \$7.6M and includes intercompany balances:

- Miscellaneous Receivables – \$1M mainly for CEC Alternate Utility Project
- CUC – \$2M
- Accrued Interest - \$2.8M
- Sendero - \$749k
- AR Enterprise Health Claims (self-funding) - \$(79)K
- Community Care Collaborative - \$86K
- Prepaid Expenses – \$1M

Total Current Assets – \$649M

Long Term Assets

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 - \$2.8M

Lease Receivables GASB87* - \$251M

- Lease Receivable Short-Term \$12M
- Lease Receivable Long-Term \$239M

Capital Assets – \$151M, net of accumulated depreciation, include purchase of Cameron Road Buildings

Total Assets – \$1.16B



Current Liabilities

Accounts Payable – Major components of the \$10.8M balance are:

- \$7.5M estimated IBNR for healthcare services.
- \$940K invoices payable
- \$1.2M lease payable ST
- \$1.2M lease interest

Salaries and Benefits Payable – \$6M balance is comprised of the accrued liability for salary costs unpaid at month-end, the value of accrued personal time off.

Debt Service Payable, Short-Term – \$4.4M in Certificates of Obligation and Interest Payable for Series 2020 and 2021 Taxable and non-Taxable debt.

Deferred Tax Revenue - \$3.6M

Total Current Liabilities – \$24.8M

Restricted or Noncurrent Liabilities

Funds held for TCHD LPPF - \$2.8M receipts from participants in the LPPF.



Debt Service Payable, Long-Term – \$71.8M balance (changed):

	Series 2020	Series 2021	
	General Obligation Bonds	Certificates of Obligation Bonds	
Non-tax LT	2.5 M	12.4 M	
Taxable LT		54.7 M	
Premium		2.0 M	
Totals	2.5 M	69.1 M	71.8M

\$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 or Noncurrent Liabilities – \$74M

Lease Payable Long-Term GASB87* - \$45M

Deferred Revenue Long-Term GASB87* - \$240M

Total Noncurrent Liabilities Leases* – \$285M

Total Liabilities – \$384M

Net Assets

Unrestricted Net Assets – \$608M

Restricted Net Assets – \$52M

Investment in Capital Assets – \$119M



Total Net Assets – \$779M

Total Liabilities and Net Assets – \$1.16B

*Governmental Accounting Standards Board statement 87, Leases (GASB87) the new lease accounting standard requires entities to report future long term lease obligations, previously reported as operating activity, on the balance sheet to convey control of the right to use the non-financial asset. This will significantly increase long term governmental balance sheets as a result of this requirement. The new rules require lessees to recognize a lease liability and an intangible asset while lessors are required to recognize lease receivables and a deferred inflow of resources on their financial statements.



Sources and Uses Report

June financials → nine months, 75% of the fiscal year.

Sources – Total \$3M for the month

Property Tax Revenue – Net property tax revenue for the month was \$(488)k. Net revenue includes \$47.6k current month's collections; \$90K Penalties and Interest; and \$(626)K in adjustments for prior year delinquent taxes.

Lease Revenue – \$1.6M for Downtown Campus, Hancock Clinic, and land leases

Other Revenue/Expense – \$1.9M primarily for investment income

Uses of Funds – Total \$18.3M for the month

Total Healthcare Delivery Program – Total healthcare delivery expenses were \$15M for the month and \$135M YTD compared to \$98M FY22 YTD.

Administration Program – \$3.3M in expense for the month, which includes:

- Salaries and Benefits – \$759K
- Other Goods and Services - \$2.5M

Excess Sources/(Uses) – \$(15)M current month. Current YTD is \$164M compared to \$171M FY22 YTD.

Community Care Collaborative

Financial Statement Presentation

FY 2023 – as of June 30, 2023 (Preliminary)

Central Health Board of Managers
Board of Managers Meeting
July 26, 2023

Jeff Knodel, Chief Financial Officer



Community Care
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Preliminary

DRAFT



Highlights

Community Care Collaborative

June 30, 2023

- * Cash is \$12.8M compared to \$11.3M last year.
- * Total Liabilities are \$9.4M at the end of June.
- * Net Assets are \$3.5M at the end of June.

Preliminary

DRAFT

Balance Sheet

Community Care Collaborative
June 30, 2023



	<u>6/30/2023</u>	<u>6/30/2022</u>
Assets		
Cash and Cash Equivalents	12,793,132	11,265,159
Other Receivables	0	23,463
Prepaid and Other	0	36,503
Total Assets	<u>12,793,132</u>	<u>11,325,125</u>
Liabilities		
AP and Accrued Liabilities	310,007	4,343,549
Deferred Revenue	9,045,686	6,954,527
Other Liabilities	0	77,517
Accrued Payroll	0	620
Total Liabilities	<u>9,355,693</u>	<u>11,376,213</u>
Net Assets	<u>3,437,439</u>	<u>(51,087)</u>
Liabilities and Net Assets	<u>12,793,132</u>	<u>11,325,125</u>

Preliminary

DRAFT

Sources and Uses Report

Community Care Collaborative

Fiscal Year-to-Date through June 30, 2023



Sources of Funds	Budget*	YTD Actual	YTD % of Budget	Prior YTD Actual
DSRIP Revenue	61,168,472	0	0%	500,891
Operations Contingency Carryforward	5,362,495	3,938,408	73%	9,123,145
Other Sources	100,000	280,009	280%	12,539
Total Sources of Funds	66,630,967	4,218,417	6%	9,636,576
Uses - Programs				
Healthcare Delivery	19,630,967	780,978	4%	9,304,570
UT Affiliation Agreement	35,000,000	0	0%	0
DSRIP Project Costs	12,000,000	0	0%	5,382,473
Total Uses	66,630,967	780,978	1%	14,687,043
Net Sources (Uses)	-	3,437,439		(5,050,468)
Net Assets		3,437,439		(5,050,468)

* Operating under FY20 approved budget.

Preliminary

DRAFT

Healthcare Delivery Costs

Community Care Collaborative

Fiscal Year-to-Date through June 30, 2023



	Budget*	YTD Actual	YTD % of Budget	Prior YTD Actual
Healthcare Delivery				
Primary Care & Emergency Transport	921,822	0	0%	648,878
Specialty Care	3,908,000	165,000	4%	1,556,508
Specialty Behavioral Health	8,000,000	0	0%	4,300,481
Post-Acute Care	2,675,000	0	0%	1,477,700
Urgent and Convenient Care	475,000	0	0%	59,054
Healthcare Delivery - Operations	2,849,742	615,978	22%	1,261,949
Operations Contingency Reserve	801,403	0	0%	0
Total Healthcare Delivery	19,630,967	780,978	4%	9,304,570

* Operating under FY20 approved budget.

Preliminary

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Preliminary

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June 2023 FYTD Financial Statements (unaudited)
Page 1 of 2

Balance Sheet

Current Assets

Cash and Cash Equivalents – \$12.8M

Total Assets – \$12.8M

Liabilities

Accounts Payable and Accrued Liabilities – \$310K, which includes:

- \$224K estimated IBNR (Incurred But Not Received) for healthcare provider services
- \$86K due to Central Health

Deferred Revenue – \$9.0M deferred revenue related to DSRIP projects

Total Liabilities – \$9.4M

Net Assets

Unrestricted Net Assets – \$3.4M

Total Net Assets – \$3.4M

Total Liabilities and Net Assets – \$12.8M

Sources and Uses Report

June financials - 9 months - 75% of fiscal year

Sources of Funds, FYTD - \$4.2M

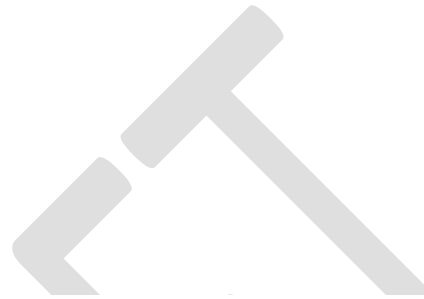
Operations Contingency - \$3.9M from FY2022

Other Sources – \$280K interest income

Uses of Funds, FYTD

Healthcare Delivery (Excludes DSRIP) – \$781K

Net Sources(Uses) - \$3.4M



	Budget*	YTD Actual	YTD % of Budget	Prior YTD Actual
Healthcare Delivery				
Primary Care & Emergency Transport	921,822	0	0%	648,878
Specialty Care	3,908,000	165,000	4%	1,556,508
Specialty Behavioral Health	8,000,000	0	0%	4,300,481
Post-Acute Care	2,675,000	0	0%	1,477,700
Urgent and Convenient Care	475,000	0	0%	59,054
Healthcare Delivery - Operations	2,849,742	615,978	22%	1,261,949
Operations Contingency Reserve	801,403	0	0%	0
Total Healthcare Delivery	19,630,967	780,978	4%	9,304,570



UT Affiliation Agreement – \$0

DSRIP Project Costs – \$0



CENTRAL HEALTH

Central Health

Financial Statement Presentation

FY 2023 – as of May 31, 2023 (Preliminary)

Central Health Board of Managers

July 26, 2023

Lisa Owens, Deputy CFO

Patti Bethke, Controller



Slide 2 Index

Slide 3 Highlights

Slide 4 Balance Sheet

Slide 5 Sources & Uses

Slide 6 HCD - Summary

Slide 7 HCD - Specialty



- Year-to-date through May collected net property tax revenue is \$278 million compared to \$260 million as of May 2022 representing 97.4% of the adjusted tax levy compared to 98.2% as of May 2022.
- Healthcare Delivery is \$119 million for the year as of 5/31/2023.
- GAAP reporting Net Assets increased \$133 million year-over-year.
- TCHD LPPF total restricted balance of LPPF as of 5/31/2023 is \$36 million.
- Governmental Accounting Standards Board statement 87, Leases (GASB87) the new lease accounting standard requires entities to report future long term lease obligations, previously reported as operating activity, on the balance sheet to convey control of the right to use the non-financial asset. This will significantly increase long term governmental balance sheets as a result of this requirement. The new rules require lessees to recognize a lease liability and an intangible asset while lessors are required to recognize lease receivables and a deferred inflow of resources on their financial statements.

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.



	Preliminary as of 5/31/2023	as of 5/31/2022
ASSETS		
CURRENT ASSETS		
CASH AND CASH EQUIVALENTS	3,191,030	1,201,271
SHORT TERM INVESTMENTS	542,625,500	456,712,144
RESTRICTED INVESTMENTS	144,837,782	93,947,508
AD VALOREM TAX RECEIVABLE	5,565,328	3,863,029
OTHER RECEIVABLE	5,729,152	3,293,930
TOTAL CURRENT ASSETS	701,948,792	559,017,882
LONG TERM ASSETS		
LEASE RECEIVABLES		
LEASE RECEIVABLE SHORT TERM	11,204,898	-
LEASE RECEIVABLE LONG TERM	239,768,628	-
TOTAL LEASE RECEIVABLES	250,973,526	-
CAPITAL ASSETS	185,732,918	114,130,841
ACCUMULATED DEPRECIATION	(35,005,682)	(28,347,862)
TOTAL CAPITAL ASSETS	150,727,237	85,782,979
TOTAL ASSETS	1,215,732,555	756,883,861
LIABILITIES		
CURRENT LIABILITIES		
ACCOUNTS PAYABLE	14,018,236	7,612,807
SALARIES AND BENEFITS PAYABLE	4,782,380	1,816,848
DEBT SERVICE PAYABLE SHORT TERM	4,445,000	1,660,000
DEFERRED TAX REVENUE	4,227,739	3,094,694
TOTAL CURRENT LIABILITIES	27,473,356	14,184,349
RESTRICTED OR NONCURRENT LIABILITIES		
FUNDS HELD FOR TCHD LPPF	35,680,133	2,034,897
DEBT SERVICE PAYABLE LONG TERM	71,730,234	78,992,570
TOTAL RESTRICTED OR NONCURRENT LIABILITIES	107,410,367	81,027,467
NONCURRENT LIABILITIES LEASES		
LEASE PAYABLE LONG TERM	45,448,917	-
DEFERRED REVENUE LONG TERM	240,365,227	-
TOTAL NONCURRENT LIABILITIES LEASES	285,814,144	-
TOTAL LIABILITIES	420,697,867	95,211,816
NET ASSETS		
UNRESTRICTED	619,733,546	545,231,853
RESTRICTED	54,347,514	56,055,994
INVESTMENT IN CAPITAL ASSETS	120,953,628	60,384,198
TOTAL NET ASSETS	795,034,688	661,672,045
LIABILITIES AND NET ASSETS	1,215,732,555	756,883,861

* New GASB87 reporting requirement for leases.



SOURCES / USES	MAY 2023	FY23 YTD	FY23 Budget	Percent of Budget Used	FY22 YTD
SOURCES					
PROPERTY TAX REVENUE	500,960	278,683,703	281,605,053	99%	259,794,651
LEASE REVENUE	1,573,647	12,833,833	13,145,328	98%	8,701,719
OTHER REVENUE	4,003,238	13,605,698	1,500,000	907%	1,361,117
TOBACCO SETTLEMENT REVENUE	-	4,828,924	4,500,000	107%	4,676,730
TOTAL SOURCES	6,077,845	309,952,157	300,750,381	103%	274,534,218
USES OF FUNDS					
HEALTHCARE DELIVERY PROGRAM (SEE NEXT PAGE)	10,717,916	119,606,498	283,208,877	42%	88,294,870
ADMINISTRATIVE PROGRAM					
SALARIES AND BENEFITS	738,352	4,861,337	9,641,743	50%	3,711,509
OTHER GOODS AND SERVICES	339,429	6,556,020	12,507,617	52%	3,415,647
TOTAL ADMINISTRATIVE PROGRAM	1,077,781	11,417,357	22,149,360	52%	7,127,156
TOTAL USES	11,795,697	131,023,855	305,358,238	43%	95,422,026
EXCESS SOURCES / (USES)	(5,717,852)	178,928,302	(4,607,857)		179,112,192



HEALTHCARE DELIVERY SUMMARY	MAY 2023	FY23 YTD	FY23 Budget	Percent of Budget Used	FY22 YTD
PURCHASED HEALTHCARE SERVICES					
PRIMARY CARE	1,938,406	34,036,878	66,236,822	51%	31,451,053
SPECIALTY CARE, INCLD DENTAL	1,530,819	8,599,166	27,163,000	32%	4,932,556
SPECIALTY BEHAVIORAL HEALTH AND SUBSTANCE USE	1,648,877	5,931,224	12,040,000	49%	449,658
PHARMACY	201,875	6,519,739	17,000,000	38%	7,077,078
POST ACUTE CARE	310,730	2,491,316	5,650,000	44%	78,344
COMMUNITY HEALTHCARE INITIATIVES FUND	45,600	111,707	1,750,000	6%	-
ALL OTHER HEALTHCARE SERVICES	-	-	687,035	0%	458,023
SUBTOTAL PURCHASED HEALTHCARE SERVICES	5,676,307	57,690,031	130,526,857	44%	44,446,712
DIRECT HEALTHCARE SERVICES	71,210	270,996	5,673,261	5%	57,841
MAP ELIGIBILITY - INCREASE IN PERIOD	-	-	2,000,000		-
SUBTOTAL HEALTHCARE SERVICES	5,747,517	57,961,026	138,200,118	42%	44,504,553
ACA PREMIUM ASSIST	1,094,786	8,798,416	14,648,261	60%	8,175,004
HEALTHCARE FACILITIES AND CAMPUS REDEVELOPMENT	603,593	2,160,767	4,754,027	45%	2,593,920
HEALTHCARE DELIVERY OPERATION COSTS	3,147,311	22,305,442	48,109,728	46%	13,852,130
DEBT, RESERVES AND TRANSFERS	124,708	28,380,847	55,496,744	51%	19,169,263
UT AFFILIATION AGREEMENT	-	-	22,000,000		-
TOTAL HEALTHCARE DELIVERY	10,717,916	119,606,498	283,208,877	42%	88,294,870



	MAY 2023	FY23 YTD	FY2023 BUDGET	Percent of Budget Used	FY2022 YTD
Healthcare Delivery - Specialty Care					
HCD-Ancillary Services	11,432	84,751	2,408,000	4%	47,567
HCD-Cardiology	62,607	255,031	1,215,000	21%	154,317
HCD-Dental	154,941	986,707	1,500,000	66%	594,704
HCD-Dermatology	57,053	202,921	1,125,000	18%	492,258
HCD-Dialysis	36,435	456,174	2,600,000	18%	-
HCD-Durable Medical Equipment	7,615	41,450	-	-	5,806
HCD-Endocrinology	103,129	430,198	925,000	47%	414,062
HCD-Ear, Nose & Throat ENT	28,209	122,947	500,000	25%	95,660
HCD-Gastroenterology	166,377	770,481	2,100,000	37%	831,035
HCD-General Surgery	66,494	256,946	200,000	128%	53,717
HCD-Gynecology	164,422	879,646	1,050,000	84%	-
HCD-Musculoskeletal	49,481	1,245,634	1,700,000	73%	-
HCD-Nephrology	16,683	73,396	350,000	21%	22,425
HCD-Neurology	8,531	32,825	300,000	11%	-
HCD-Oncology	40,127	283,574	1,800,000	16%	203,503
HCD-Ophthalmology	153,453	859,983	3,300,000	26%	781,061
HCD-Orthopedics	-	-	-	-	-
HCD-Orthotics & Prosthetics	34,696	263,862	-	-	66,009
HCD-Pain Management	-	-	350,000	0%	-
HCD-Physical Med & Rehab	33,120	65,615	-	-	10,495
HCD-Podiatry	86,377	418,828	1,350,000	31%	309,285
HCD-Project Access	-	-	330,000	0%	-
HCD-Pulmonology	56,357	231,648	475,000	49%	219,267
HCD-Referral Management	25,845	117,090	875,000	13%	225,000
HCD-Rheumatology	45,663	179,563	350,000	51%	86,377
HCD-Sexual & Reproductive Svc	127,359	316,896	2,110,000	15%	225,743
HCD-Urology	-	-	250,000	0%	-
HCD-Wound Care	(5,586)	23,000	-	-	94,265
Total Healthcare Delivery - Specialty Care	1,530,819	8,599,166	27,163,000	32%	4,932,556



Questions ? Comments ?



Balance Sheet

Current Assets

Cash and Cash Equivalents – \$3.2M compared to \$1.2M May 2022

Short-term Investments – Short-term investments were \$543M at month-end, net of restricted investments totaling \$145M.

Ad Valorem Taxes Receivable – \$5.6M balance is composed of:

Gross Tax Receivables	\$ 12.2M
Taxable Assessed Valuation Adjustment	(3.8)M
Est. Allowance for Doubtful collections	(2.8)M
Total Taxes Receivable	<u>\$ 5.6M</u>

Other Receivables – Other receivables total \$5.7M and includes intercompany balances:

- Miscellaneous Receivables – \$1.1M mainly for CEC Alternate Utility Project
- CUC – \$790k
- Accrued Interest - \$2.2M
- Sendero - \$475k
- AR Enterprise Health Claims (self-funding) - \$30K
- Community Care Collaborative - \$84K
- Prepaid Expenses – \$978k

Total Current Assets – \$702M

Long Term Assets

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 - \$36M

Lease Receivables GASB87* - \$251M

- Lease Receivable Short-Term \$11M
- Lease Receivable Long-Term \$240M

Capital Assets – \$151M, net of accumulated depreciation, include purchase of Cameron Road Buildings

Total Assets – \$1.2B



Current Liabilities

Accounts Payable – Major components of the \$14M balance are:

- \$8.1M estimated IBNR for healthcare services.
- \$3.6M invoices payable
- \$1.1M lease interest

Salaries and Benefits Payable – \$4.8M balance is comprised of the accrued liability for salary costs unpaid at month-end, the value of accrued personal time off.

Debt Service Payable, Short-Term – \$4.4M in Certificates of Obligation and Interest Payable for Series 2020 and 2021 Taxable and non-Taxable debt.

Deferred Tax Revenue - \$4.2M

Total Current Liabilities – \$27M

Restricted or Noncurrent Liabilities

Funds held for TCHD LPPF - \$36M receipts from participants in the LPPF.



Debt Service Payable, Long-Term – \$71.7M balance (changed):

	Series 2020	Series 2021	
	General Obligation Bonds	Certificates of Obligation Bonds	
Non-tax LT	2.5 M	12.4 M	
Taxable LT		54.7 M	
Premium		2.0 M	
Totals	2.5 M	69.1 M	71.7M

\$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 or Noncurrent Liabilities – \$107M

Lease Payable Long-Term GASB87* - \$45M

Deferred Revenue Long-Term GASB87* - \$240M

Total Noncurrent Liabilities Leases* – \$285M

Total Liabilities – \$420M

Net Assets

Unrestricted Net Assets – \$620M

Restricted Net Assets – \$54M

Investment in Capital Assets – \$121M



Total Net Assets – \$795M

Total Liabilities and Net Assets – \$1.2B

*Governmental Accounting Standards Board statement 87, Leases (GASB87) the new lease accounting standard requires entities to report future long term lease obligations, previously reported as operating activity, on the balance sheet to convey control of the right to use the non-financial asset. This will significantly increase long term governmental balance sheets as a result of this requirement. The new rules require lessees to recognize a lease liability and an intangible asset while lessors are required to recognize lease receivables and a deferred inflow of resources on their financial statements.



Sources and Uses Report

May financials → eight months, 67% of the fiscal year.

Sources – Total \$6M for the month

Property Tax Revenue – Net property tax revenue for the month was \$501k. Net revenue includes \$613k current month's collections; \$112K Penalties and Interest; and \$(224)K in adjustments for prior year delinquent taxes.

Lease Revenue – \$1.6M for Downtown Campus, Hancock Clinic, and land leases

Other Revenue/Expense – \$4M primarily for investment income including \$2M grant revenue

Uses of Funds – Total \$11.7M for the month

Total Healthcare Delivery Program – Total healthcare delivery expenses were \$10.7M for the month and \$120M YTD compared to \$88M FY22 YTD.

Administration Program – \$1.1M in expense for the month, which includes:

- Salaries and Benefits – \$738K
- Other Goods and Services - \$339K

Excess Sources/(Uses) – \$(5.7)M current month. Current YTD is \$179M compared to \$179M FY22 YTD.

Community Care Collaborative

Financial Statement Presentation

FY 2023 – as of May 31, 2023 (Preliminary)

Central Health Board of Managers
Board of Managers Meeting
July 26, 2023

Jeff Knodel, Chief Financial Officer



a partnership of Central Health and Seton Healthcare Family

Preliminary



Highlights

Community Care Collaborative
May 31, 2023

- * Cash is \$12.8M compared to \$14.2M last year.
- * Total Liabilities are \$9.4M at the end of May.
- * Net Assets are \$3.5M at the end of May.

Preliminary

Balance Sheet

Community Care Collaborative

May 31, 2023



	<u>5/31/2023</u>	<u>5/31/2022</u>
Assets		
Cash and Cash Equivalents	12,832,615	14,247,310
Other Receivables	0	49,594
Prepaid and Other	0	42,860
Total Assets	<u>12,832,615</u>	<u>14,339,764</u>
Liabilities		
AP and Accrued Liabilities	307,511	6,812,157
Deferred Revenue	9,045,686	6,954,527
Other Liabilities	0	85,644
Accrued Payroll	0	620
Total Liabilities	<u>9,353,197</u>	<u>13,852,947</u>
Net Assets	<u>3,479,418</u>	<u>486,817</u>
Liabilities and Net Assets	<u>12,832,615</u>	<u>14,339,764</u>

Preliminary

Sources and Uses Report

Community Care Collaborative

Fiscal Year-to-Date through May 31, 2023



Sources of Funds	Budget*	YTD Actual	YTD % of Budget	Prior YTD Actual
DSRIP Revenue	61,168,472	0	0%	500,891
Operations Contingency Carryforward	5,362,495	3,938,408	73%	9,123,145
Other Sources	100,000	244,151	244%	9,328
Total Sources of Funds	66,630,967	4,182,559	6%	9,633,365
Uses - Programs				
Healthcare Delivery	19,630,967	703,141	4%	8,009,485
UT Affiliation Agreement	35,000,000	0	0%	0
DSRIP Project Costs	12,000,000	0	0%	6,137,062
Total Uses	66,630,967	703,141	1%	14,146,548
Net Sources (Uses)	-	3,479,418		(4,513,183)
Net Assets		3,479,418		(4,513,183)

* Operating under FY20 approved budget.

Preliminary

Healthcare Delivery Costs

Community Care Collaborative
Fiscal Year-to-Date through May 31, 2023



	Budget*	YTD Actual	YTD % of Budget	Prior YTD Actual
Healthcare Delivery				
Primary Care & Emergency Transport	921,822	0	0%	621,029
Specialty Care	3,908,000	165,000	4%	1,520,209
Specialty Behavioral Health	8,000,000	0	0%	3,359,106
Post-Acute Care	2,675,000	0	0%	1,324,771
Urgent and Convenient Care	475,000	0	0%	49,800
Healthcare Delivery - Operations	2,849,742	538,141	19%	1,134,571
Operations Contingency Reserve	801,403	0	0%	0
Total Healthcare Delivery	19,630,967	703,141	4%	8,009,485

* Operating under FY20 approved budget.

Preliminary

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Preliminary



May 2023 FYTD Financial Statements (unaudited)
Page 1 of 2

Balance Sheet

Current Assets

Cash and Cash Equivalents – \$12.8M

Total Assets – \$12.8M

Liabilities

Accounts Payable and Accrued Liabilities – \$308K, which includes:

- \$224K estimated IBNR (Incurred But Not Received) for healthcare provider services
- \$84K due to Central Health

Deferred Revenue – \$9.0M deferred revenue related to DSRIP projects

Total Liabilities – \$9.4M

Net Assets

Unrestricted Net Assets – \$3.5M

Total Net Assets – \$3.5M

Total Liabilities and Net Assets – \$12.8M



Sources and Uses Report

May financials - 8 months - 67% of fiscal year

Sources of Funds, FYTD - \$4.2M

Operations Contingency - \$3.9M from FY2022

Other Sources – \$244K interest income

Uses of Funds, FYTD

Healthcare Delivery (Excludes DSRIP) – \$703K

Net Sources(Uses) - \$3.5M

	Budget*	YTD Actual	YTD % of Budget	Prior YTD Actual
Healthcare Delivery				
Primary Care & Emergency Transport	921,822	0	0%	621,029
Specialty Care	3,908,000	165,000	4%	1,520,209
Specialty Behavioral Health	8,000,000	0	0%	3,359,106
Post-Acute Care	2,675,000	0	0%	1,324,771
Urgent and Convenient Care	475,000	0	0%	49,800
Healthcare Delivery - Operations	2,849,742	538,141	19%	1,134,571
Operations Contingency Reserve	801,403	0	0%	0
Total Healthcare Delivery	19,630,967	703,141	4%	8,009,485

UT Affiliation Agreement – \$0

DSRIP Project Costs – \$0



CENTRAL
HEALTH

BUDGET & FINANCE COMMITTEE MEETING

July 26, 2023

AGENDA ITEM 4

Confirm the next Budget and Finance Committee meeting date, time, and location. (*Informational Item*)