



# 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, February 21, 2024, 4:00 p.m.**

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

**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/87607783537?pwd=pwls0my3f3AKhxcNUhBZGtHJCnlxID.1>

Meeting ID: 876 0778 3537

Passcode: 728624

Links to livestream video are available at the URL below (copy and paste into your web browser):

<https://www.youtube.com/@thealthdistrict/streams>

Or to participate by telephone only:

Dial: (346) 248 7799

Meeting ID: 876 0778 3537

Passcode: 728624

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 February 21, 2024**. 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 AGENDA<sup>2</sup>**

1. Approve the minutes of the January 17, 2024 Budget and Finance Committee meeting. (*Action Item*)
2. Receive a presentation on the preliminary December 2023 financial statements for Central Health. (*Informational Item*)
3. Receive and discuss the quarterly financial and operational reports for CommUnityCare Health Centers and Sendero Health Plans.<sup>3</sup> (*Informational Item*)
4. Receive an update and take appropriate action on contractual issues and the status of the Central Health Third Party Administrator for patient claims processing.<sup>3,4</sup> (*Action Item*)
5. Confirm the next Budget and Finance Committee meeting date, time, and location. (*Informational Item*)

<sup>1</sup> 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.**

- <sup>2</sup> 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.
- <sup>3</sup> Possible closed session discussion under Texas Government Code §551.085 (Governing Board of Certain Providers of Health Care Services).
- <sup>4</sup> Possible closed session discussion under Texas Government Code §551.071 (Consultation with Attorney).

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.

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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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## **BUDGET & FINANCE COMMITTEE MEETING**

### **February 21, 2024**

## **AGENDA ITEM 1**

Approve the minutes of the January 17, 2024 Budget and Finance Committee meeting. (*Action Item*)

MINUTES OF MEETING – JANUARY 17, 2024  
CENTRAL HEALTH  
BUDGET AND FINANCE COMMITTEE

On Wednesday, January 17, 2024, a meeting of the Central Health Budget and Finance Committee convened in open session at 2:43 p.m. in person at the Central Health Administrative Offices and remotely by toll-free videoconference. Clerk for the meeting was Briana Yanas.

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**Committee members present in person:** Chair Museitif, Manager Martin, Manager Motwani, and Manager Valadez

**Board members present via audio and video or in person:** Manager Jones and Manager Brinson

**COMMITTEE AGENDA**

**1. Approve the minutes of the December 13, 2023 Budget and Finance Committee meeting.**

**Clerk's Notes:** Discussion on this item began at 2:43 p.m.

Manager Museitif moved that the Committee the minutes of the December 13, 2023 Budget and Finance Committee meeting.

Manager Valadez seconded the motion.

Chairperson Museitif	For
Manager Martin	For
Manager Motwani	For
Manager Kitchen	For
Manager Valadez	For
Manager Jones	For
Manager Brinson	For

**2. Receive a presentation of the Central Health Fiscal Year 2023 financial audit.**

**Clerk's Notes:** Discussion on this item began at 2:44 p.m. Mr. Jeff Knodel, Chief Financial Officer and Jimmy Romell, the engagement partner of Central Health's external auditors, Maxwell, Locke & Ritter, presented the Central Health fiscal year 2023 financial audit.

**3. Receive a presentation on the preliminary November 2023 financial statements for Central Health.**

**Clerk's Notes:** Discussion on this item began at 3:01 p.m. Mr. Jeff Knodel, Chief Financial Officer, and Ms. Patti Bethke, Controller, presented the November 2023 financial statements for Central Health. The presentation included a look at the highlights, balance sheet, and sources and uses.

**4. Receive and discuss an update on Sendero Health Plans.**

**Clerk's Notes:** Discussion on this item began at 3:11 p.m.

At 3:12 p.m. Chairperson Museitif announced that the Committee was convening in closed session to discuss agenda item 4 under Texas Government Code §551.085 Governing Board of Certain Providers of Health Care Services and Texas Government Code §551.071 Consultation with Attorney.

At 3:37 p.m. the Committee returned to open session.

**5. Receive and discuss contractual issues and the status of the Central Health Third Party Administrator for patient claims processing.**

**Clerk's Notes:** Discussion on this item began at 3:11 p.m.

At 3:12 p.m. Chairperson Museitif announced that the Committee was convening in closed session to discuss agenda item 5 under Texas Government Code §551.085 Governing Board of Certain Providers of Health Care Services and Texas Government Code §551.071 Consultation with Attorney.

At 3:37 p.m. the Committee returned to open session.

**6. Confirm the next Budget and Finance Committee meeting date, time, and location.**

Manager Brinson moved that the Committee adjourn.

Manager Motwani seconded the motion.

Chairperson Museitif	For
Manager Martin	Absent
Manager Motwani	For
Manager Kitchen	For
Manager Valadez	For
Manager Brinson	For

The meeting was adjourned at 3:38 p.m.

ATTESTED TO BY:

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Maram Museitif, Chairperson  
Central Health Budget and Finance Committee

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Manuel Martin, Secretary  
Central Health Board of Managers



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## **BUDGET & FINANCE COMMITTEE MEETING**

### **February 21, 2024**

## **AGENDA ITEM 2**

Receive a presentation on the preliminary December 2023 financial statements for Central Health.  
*(Informational Item)*



# Central Health

Financial Statement Presentation

FY 2024 – as of December 31, 2023  
(Preliminary)

Central Health Board of Managers

Budget and Finance Committee

February 21, 2023

Jeff Knodel CFO

Patti Bethke, Controller



- Slide 2 Index
- Slide 3 Highlights
- Slide 4 Balance Sheet
- Slide 5 Sources & Uses
- Slide 6 Blank
- Slide 7 HCD - Summary
- Slide 8 HCD - Specialty



- December fiscal year-to-date collected net property tax revenue is \$121 million (37.6%), compared to \$115 million (40.1%) year-to-date December 2022 of the adjusted tax levy.
- Healthcare Delivery is \$40 million for the year as of 12/31/2023, compared to \$28 million last year.
- Sendero Capital payment of \$12 million to maintain sufficient capital levels required by Texas Department of Insurance.
- TCHD LPPF total restricted balance of LPPF as of 12/31/2023 is \$85 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.



	Preliminary as of 12/31/2023	as of 12/31/2022
<b>ASSETS</b>		
CURRENT ASSETS		
CASH AND CASH EQUIVALENTS	5,776,087	2,280,034
SHORT TERM INVESTMENTS	546,753,671	439,376,291
LEASE RECEIVABLE SHORT TERM*	12,570,255	10,695,053
ACCOUNTS RECEIVABLE TAX	215,439,115	186,486,289
OTHER RECEIVABLES	5,415,361	5,678,702
TOTAL UNRESTRICTED CURRENT ASSETS	<u>785,954,489</u>	<u>644,516,369</u>
RESTRICTED CASH & INVESTMENTS		
RESTRICTED TCHD LPPF CASH & INVESTMENT	84,529,279	22,871,244
RESTRICTED FOR CAPITAL ACQUISITION	179,900,135	112,029,101
TOTAL RESTRICTED CASH & INVESTMENTS	<u>264,429,414</u>	<u>134,900,345</u>
TOTAL CURRENT ASSETS	<u>1,050,383,903</u>	<u>779,416,714</u>
LONG TERM ASSETS		
SENDERO PAID-IN CAPITAL	83,000,000	71,000,000
SENDERO SURPLUS DEBENTURE	37,083,000	37,083,000
ADVANCE RECEIVABLE	4,000,000	4,000,000
LEASE RECEIVABLE LONG TERM*	237,793,880	237,596,533
TOTAL LONG TERM ASSETS	<u>361,876,880</u>	<u>349,679,533</u>
TOTAL CAPITAL ASSETS, NET of DEPRECIATION	<u>163,849,309</u>	<u>131,023,984</u>
<b>TOTAL ASSETS</b>	<b><u>1,576,110,093</u></b>	<b><u>1,260,120,232</u></b>
<b>LIABILITIES</b>		
CURRENT LIABILITIES		
ACCOUNTS PAYABLE	11,911,153	18,483,720
SALARIES & BENEFITS PAYABLE	7,582,799	3,373,962
DEBT SERVICE PAYABLE	10,083,274	5,066,339
DEFERRED TAX REVENUE	200,677,077	171,339,244
TOTAL CURRENT LIABILITIES	<u>230,254,303</u>	<u>198,263,265</u>
RESTRICTED OR NONCURRENT LIABILITIES		
FUNDS HELD FOR TCHD LPPF	85,130,953	22,871,243
DEBT SERVICE PAYABLE	168,335,820	75,782,821
LEASE & SUBSCRIPTION LIABILITIES*	53,293,850	43,108,369
DEFERRED REVENUE*	234,986,585	239,944,507
TOTAL RESTRICTED OR NONCURRENT LIABILITIES	<u>541,747,208</u>	<u>381,706,940</u>
<b>TOTAL LIABILITIES</b>	<b><u>772,001,511</u></b>	<b><u>579,970,205</u></b>
<b>NET ASSETS</b>		
RESTRICTED FOR CAPITAL ASSETS	244,838,394	160,082,360
RESTRICTED	46,739,076	38,719,836
UNRESTRICTED	512,531,112	481,347,831
<b>TOTAL NET ASSETS</b>	<b><u>804,108,582</u></b>	<b><u>680,150,027</u></b>
<b>LIABILITIES AND NET ASSETS</b>	<b><u>1,576,110,093</u></b>	<b><u>1,260,120,232</u></b>

\* New GASB87 & GASB96 reporting requirement for leases and Subscription-Based Information Technology Arrangements.

Note: Report may contain rounding variances





SOURCES / USES	DEC 2023	FY24 YTD	FY24 Budget	Percent of Budget Used	FY23 YTD
<b>SOURCES</b>					
PROPERTY TAX REVENUE	116,174,085	120,827,174	312,456,814	39%	114,738,458
LEASE REVENUE	1,577,961	4,908,505	12,022,497	41%	4,678,215
INVESTMENT & OTHER REVENUE	2,231,901	6,186,685	7,500,000	82%	2,679,150
TOBACCO SETTLEMENT REVENUE	0	0	4,500,000	0%	0
<b>TOTAL SOURCES</b>	<b>119,983,946</b>	<b>131,922,364</b>	<b>336,479,311</b>	<b>39%</b>	<b>122,095,824</b>
<b>USES OF FUNDS</b>					
HEALTHCARE DELIVERY PROGRAM	15,137,621	39,952,545	295,246,807	13.5%	27,770,599
ADMINISTRATIVE PROGRAM	2,300,032	5,317,403	28,647,030	17.2%	5,249,253
UT AFFILIATION AGREEMENT	0	0	35,000,000	0.0%	0
TRANSFERS OUT	0	8,019,240	8,019,240	100.0%	23,000,000
<b>TOTAL USES</b>	<b>17,437,653</b>	<b>53,289,188</b>	<b>366,913,077</b>	<b>7.7%</b>	<b>56,019,852</b>
<b>EXCESS SOURCES / (USES)</b>	<b>102,546,293</b>	<b>78,633,175</b>	<b>(30,433,766)</b>		<b>66,075,972</b>
<b>RESERVE BALANCES:</b>					
EMERGENCY RESERVE		46,739,076	46,739,076		38,719,836
CONTINGENCY RESERVE			377,296,303		TBD



Details for Health Care Delivery on the following slides.

DRAFT



HEALTHCARE DELIVERY SUMMARY	DEC 2023	FY24 YTD	FY24 Budget	Percent of Budget Used	FY23 YTD
PURCHASED HEALTHCARE SERVICES					
PRIMARY CARE	4,478,866	14,546,474	71,782,200	20%	11,911,311
SPECIALTY CARE, INCLD DENTAL	2,374,659	3,764,351	30,188,000	12%	2,392,705
SPECIALTY BEHAVIORAL HEALTH AND SUBSTANCE USE	657,739	1,497,164	20,675,000	7%	135,484
PHARMACY	1,018,913	2,348,280	18,000,000	13%	1,643,991
POST ACUTE CARE	400,228	1,028,665	7,250,000	14%	368,804
COMMUNITY HEALTHCARE INITIATIVES FUND	23,400	23,400	875,000	3%	9,360
INMATE HEALTH	0	0	2,000,000	0%	0
SUBTOTAL PURCHASED HEALTHCARE SERVICES	8,953,806	23,208,334	150,770,200	15%	16,461,655
DIRECT SERVICES - SPECIALTY CARE	607,795	1,334,868	29,276,374	5%	25,707
MAP ELIGIBILITY - INCREASE IN PERIOD	0	0	1,000,000	0%	0
SUBTOTAL HEALTHCARE SERVICES	9,561,601	24,543,202	181,046,574	14%	16,487,362
ACA PREMIUM ASSIST	1,016,745	3,160,532	18,587,364	17%	3,148,522
HEALTHCARE FACILITIES AND CAMPUS REDEVELOPMENT	249,809	708,790	2,957,400	24%	539,901
HEALTHCARE OPERATIONS & SUPPORT	3,750,657	9,863,593	71,689,007	14%	7,197,780
DEBT, RESERVES AND TRANSFERS	558,809	1,676,428	20,966,462	8%	397,033
TOTAL HEALTHCARE DELIVERY	15,137,621	39,952,545	295,246,807	14%	27,770,598



HEALTHCARE DELIVERY - SPECIALTY CARE PURCHASED SERVICES	DEC 2023	FY24 YTD	FY2024 BUDGET	Percent of Budget Used	FY2023 YTD	Comments
HCD-Ancillary Services	203,436	240,153	2,998,000	8%	96,101	Includes additional services: Anesthesia, Mammography, DME, Prosthetics
HCD-Cardiology	24,685	104,285	1,215,000	9%	83,401	
HCD-Dental	375,622	520,940	1,500,000	35%	270,623	
HCD-Dermatology	63,917	231,525	915,000	25%	172,935	
HCD-Dialysis	277,864	283,594	3,000,000	9%	112,262	New Service late FY22
HCD-Endocrinology	31,392	161,525	830,000	19%	182,110	Service Expansion
HCD-Ear, Nose & Throat ENT	72,986	102,228	900,000	11%	27,271	Provider Vacancy
HCD-Gastroenterology	71,350	310,438	2,030,000	15%	208,823	Service Expansion
HCD-General Surgery	17,773	24,755	600,000	4%	43,934	
HCD-Gynecology	108,649	261,499	1,550,000	17%	42,380	
HCD-Infectious Disease	0	0	100,000	0%	0	
HCD-Musculoskeletal	498,500	543,920	2,500,000	22%	209,644	
HCD-Nephrology	8,100	28,600	200,000	14%	13,667	
HCD-Neurology	3,550	13,650	100,000	14%	3,450	
HCD-Oncology	29,169	36,176	2,900,000	1%	67,082	
HCD-Ophthalmology	365,539	417,630	3,100,000	13%	354,077	
HCD-Podiatry	64,141	172,521	1,300,000	13%	252,838	
HCD-Project Access	0	0	330,000	0%	0	Agreement Inactive
HCD-Pulmonology	23,568	78,268	425,000	18%	83,000	
HCD-Referral Management	0	25,000	585,000	4%	69,231	
HCD-Rheumatology	27,850	66,950	300,000	22%	42,825	
HCD-Sexual & Reproductive Svc	106,570	140,693	2,210,000	6%	57,053	
HCD-Specialty Care Reserve	0	0	300,000	0%	0	
HCD-Urology	0	0	300,000	0%	0	Agreement Inactive
<b>Total Healthcare Delivery - Specialty Care</b>	<b>2,374,659</b>	<b>3,764,351</b>	<b>30,188,000</b>	<b>12%</b>	<b>2,392,705</b>	



Questions ? Comments ?

DRAFT

## Balance Sheet

### Current Assets

Cash and Cash Equivalents – \$5.8M compared to \$2.3M December 2023

Short-term Investments – Short-term investments were \$547M at month-end, net of restricted investments totaling \$180M.

Short-Term Lease Receivables GASB87\* - \$13M

Ad Valorem Taxes Receivable – \$215M balance is composed of:

Gross Tax Receivables	\$ 219.2M
Taxable Assessed Valuation Adjustment	(358)K
Est. Allowance for Doubtful collections	(3.5)M
Total Taxes Receivable	\$ 215M

Other Receivables – Other receivables total \$5M and includes intercompany balances:

- Accrued Interest - \$2.6M
- Prepaid Expenses – \$1.6M
- Sendero - \$1.0M

### Total Unrestricted Current Assets – \$786M

Restricted TCHD LPPF Cash & Investments - \$84.5M

Restricted for Capital Acquisition - \$180M

### Total Current Assets – \$1.0B



**Long Term Assets**

Sendero Paid-in-Capital – \$83.0M includes \$12M additional capital payment to maintain sufficient capital levels required by Texas Department of Insurance.

Sendero Surplus Debenture – \$37.1M (unchanged)

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

Long-Term Lease Receivables GASB87\* - \$238M

**Total Long Term Assets - \$362M**

Capital Assets – \$164M, net of accumulated depreciation.

**Total Assets – \$1.6B**



**Current Liabilities**

Accounts Payable – Major components of the \$12M balance are:

- \$10M estimated IBNR for healthcare services.
- \$1.8M invoices payable

Salaries and Benefits Payable – \$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 – \$10.1M in Certificates of Obligation and Interest Payable for Series 2020, 2021 and 2023 Taxable and non-Taxable debt.

Deferred Tax Revenue - \$201M

**Total Current Liabilities** – \$230M

**Restricted or Noncurrent Liabilities**

Funds held for TCHD LPPF - \$85.1M receipts from participants in the LPPF.



Debt Service Payable, Long-Term – \$168.3M balance:

	Series 2020	Series 2021	Series 2023	
	General Obligation Bonds	Certificates of Obligation Bonds	Certificates of Obligation Bonds	
Non-tax LT		12.2 M	7.7 M	
Taxable LT	2.5 M	54.6 M	88.6 M	
Premium		2.0 M	0.7 M	
Totals	<b>2.5 M</b>	<b>68.8 M</b>	<b>97.0 M</b>	<b>168.3 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. \$99.4M was issued in 2023 for two clinics. Annual payments are due on 3/1 for all Series.

Lease/SBITA Payable GASB87 and GASB96\* - \$53M

Deferred Revenue Long-Term GASB87\* - \$235M

**Total Restricted or Noncurrent Liabilities – \$542M**

**Total Liabilities – \$772M**



**Net Assets**

Restricted For Capital Assets - \$245M

CO Construction – \$133M

Investment in Capital Assets – \$112M

Restricted - \$47M for emergency reserve

Unrestricted Net Assets – \$513M

**Total Net Assets – \$804M**

**Total Liabilities and Net Assets – \$1.6B**

\*Governmental Accounting Standards Board statements 87 & 96, Leases (GASB87) and Subscription-Based Information Technology Arrangements (GASB97 SBITAs), new accounting standards require entities to report future long term 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 these requirements. The new rules require recognition of a lease or SBITA 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**

December financials → Third month, 25% of the fiscal year.

#### **Sources – Total \$120M for the month**

Property Tax Revenue – Net property tax revenue for the month was \$116M. Net revenue includes \$116M current month's collections; \$42K Penalties and Interest; and (\$176K) in adjustment for prior year delinquent taxes.

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

Investment & Other Revenue/Expense – \$2.2M primarily for investment income

#### **Uses of Funds – Total \$17M for the month**

Total Healthcare Delivery Program – Total healthcare delivery expenses were \$15M for the month and \$40M YTD compared to \$28M FY23 YTD.

Administration Program – \$2.3M in expense for the month

**Excess Sources/(Uses)** – \$102.5M current month. Current YTD is \$78.6M compared to \$66M FY23 YTD.



# 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 & FINANCE COMMITTEE MEETING**

### **February 21, 2024**

## **AGENDA ITEM 3**

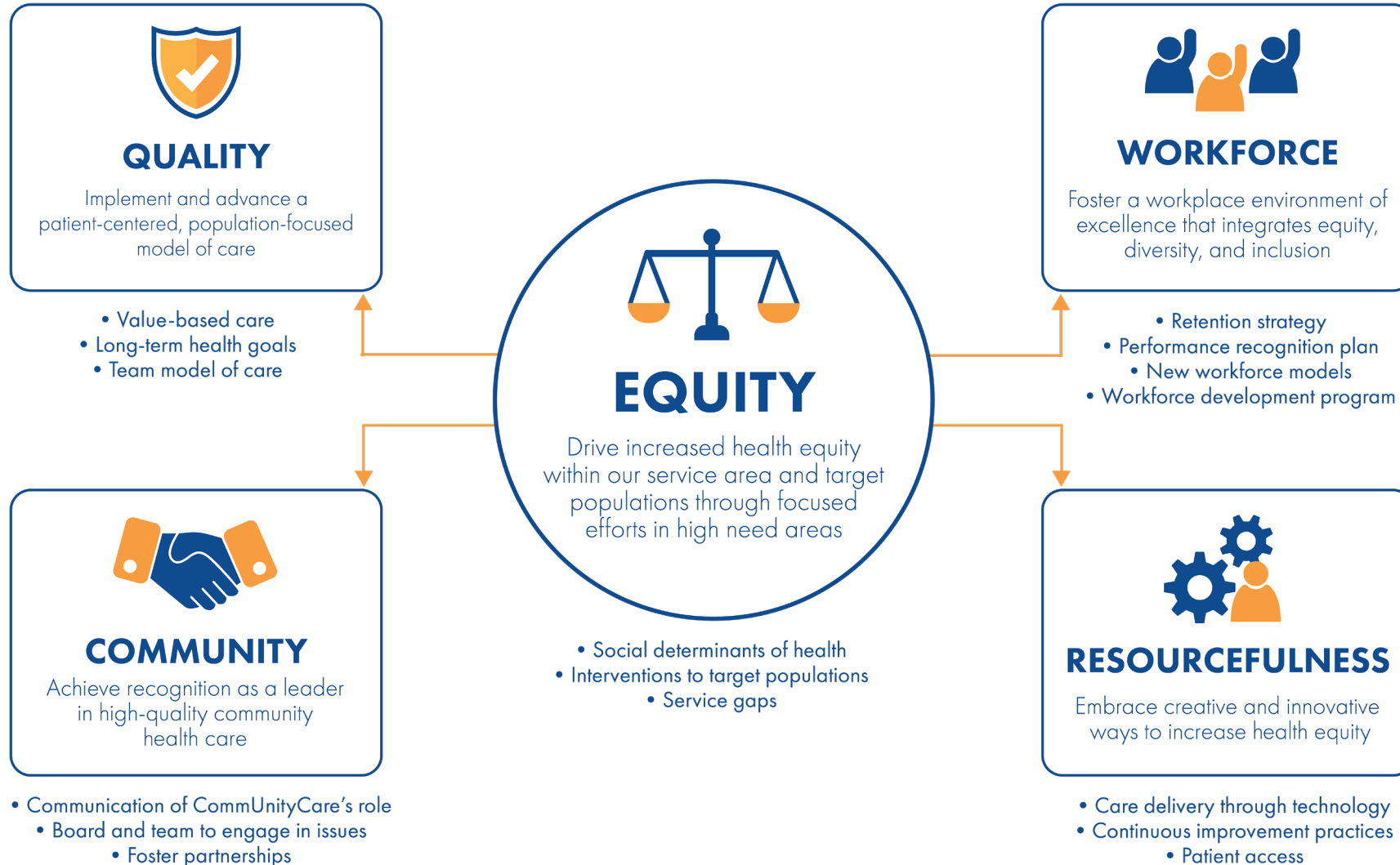
Receive and discuss the quarterly financial and operational reports for CommUnityCare Health Centers and Sendero Health Plans.<sup>3</sup> (*Informational Item*)

# COMMUNITYCARE QUARTERLY UPDATE OCTOBER 1, 2023, TO DECEMBER 31, 2023 (Q1)

Jaeson Fournier, CEO and President

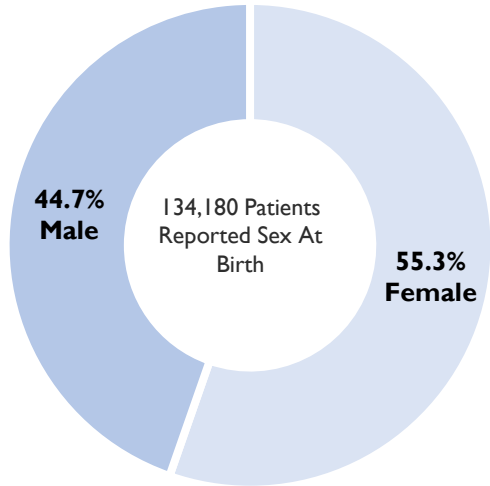
Tara A. Trower, Chief Strategy Officer

# Strategic Plan 2022-2024

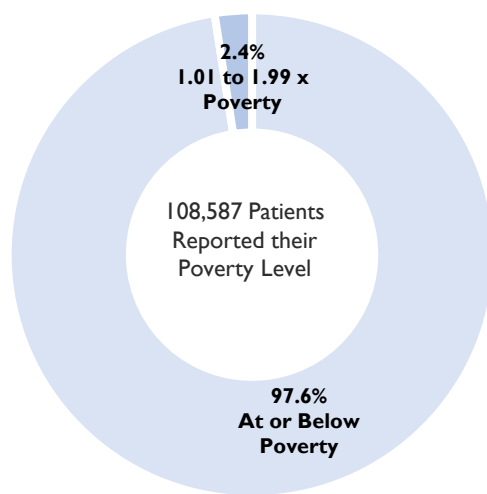


# 134,180 Unique Patients Served in 2023

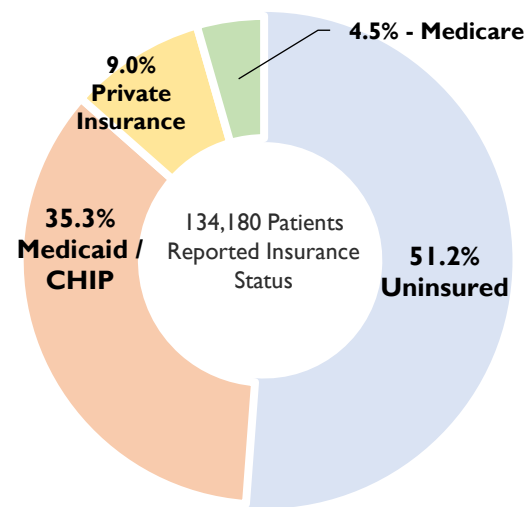
**By Sex at Birth**



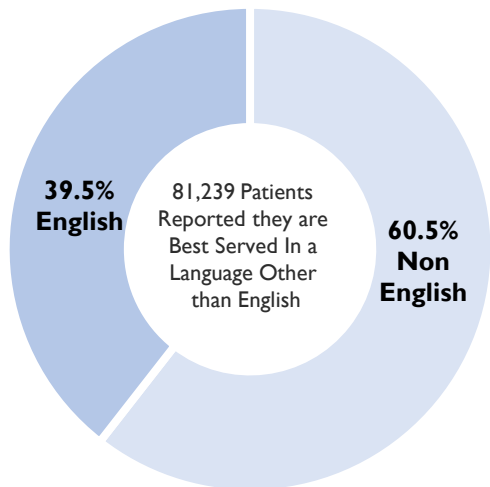
**By Poverty Level**



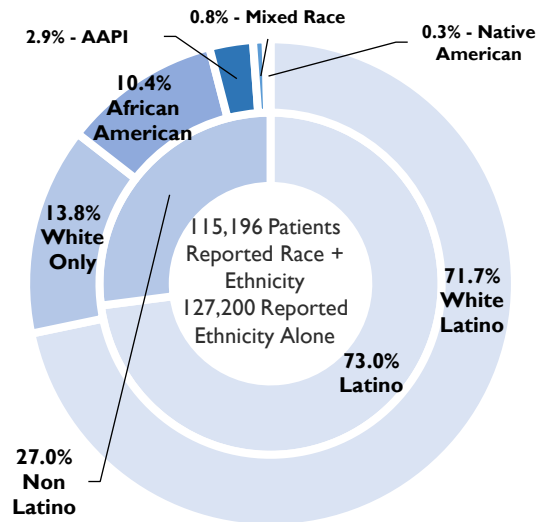
**By Insurance Status**



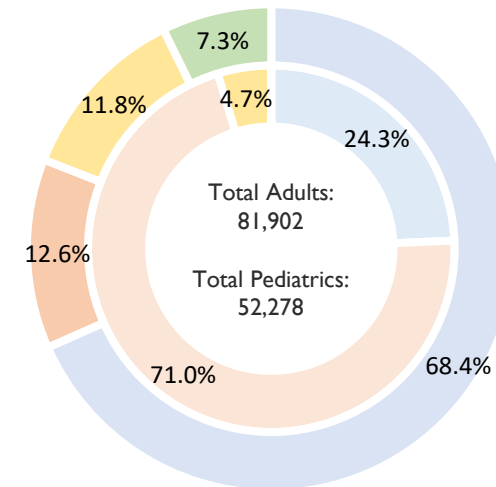
**By Best Served in Language**



**By Race with Ethnicity (Outer Circle)  
By Ethnicity Alone (Inner Circle)**



**By Insurance Status Adults (Outer) vs. Pediatrics (Inner)**



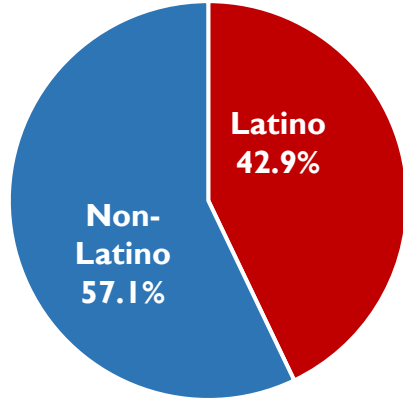
**Travis County Percentage of the 134,180 Unique Patients Served during 2023 by Life Cycle**

Pediatrics	81.1%
Age 18 -64	84.6%
65 YOA Plus	87.7%
Total All...	83.4%

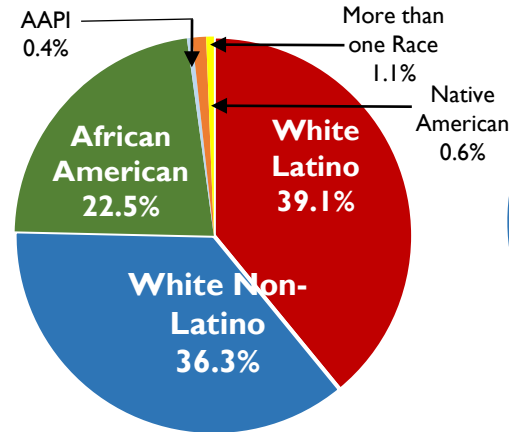
**4% more patients served in 2023 compared to 2022 with those uninsured increasing by 7.4% with pediatric uninsured increasing by 36.0%**

# CY2023 HCH Patient Population Characteristics

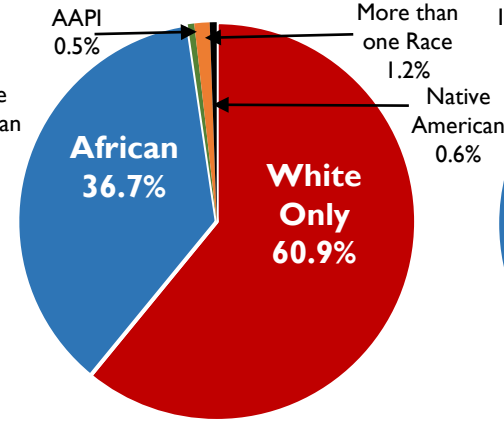
**Ethnicity**  
Total Reporting Ethnicity: 4,510  
# with no Ethnicity Reported: 212



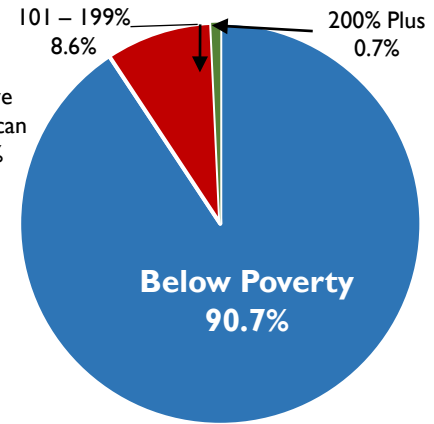
**Race with Latinos**  
Total Reporting Race + Latino Status: 4,195



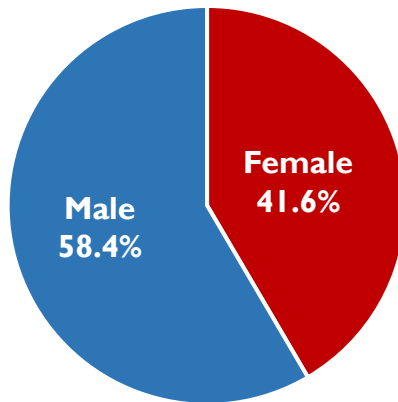
**Race without Latinos**  
Total Reporting Race: 2,498



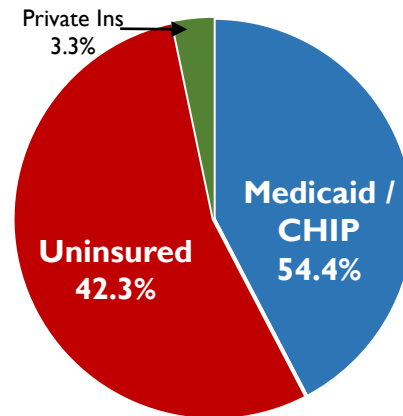
**Poverty Level**  
Total Reporting Poverty: 2,546



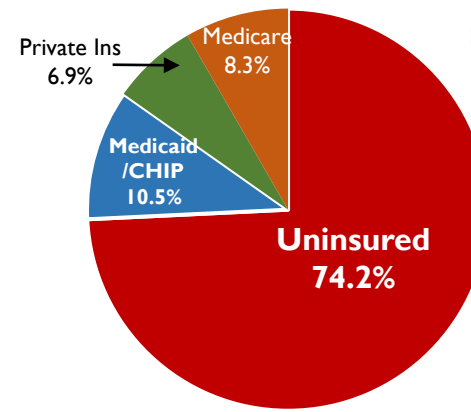
**Gender (At Birth)**  
Total Reporting Gender: 4,765  
# with no Gender Reported - 0



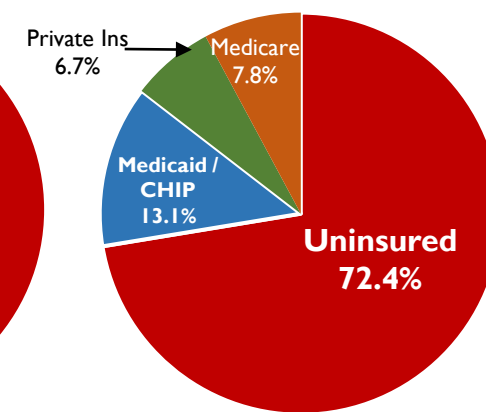
**Insurance Status - Pediatrics**  
Insurance Status: 274  
# with no Insurance Reported - 0



**Insurance Status - Adults**  
# Reporting Insurance Status: 4,491  
# with no Insurance Reported - 0



**Insurance Status - All**  
Total Reporting Insurance Status: 4,765  
# with no Insurance Reported - 0

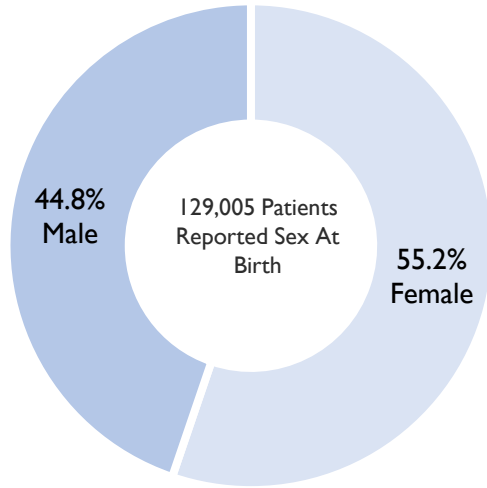


**Total Patients Served - 4,765**  
**63.2% More Homeless served compared to 2022**  
**Best served in a language other than English - 24.8%**

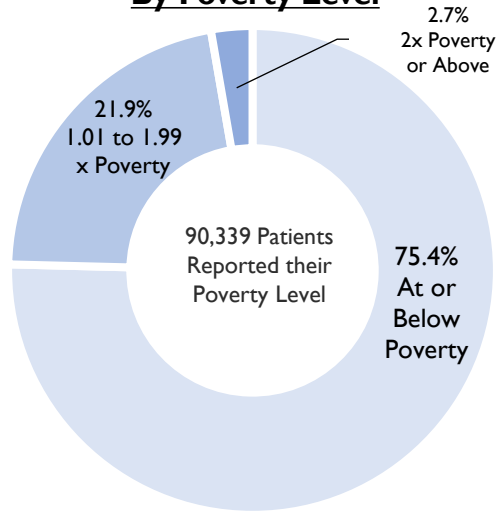


# 129,005 Unique Patients Served in 2022

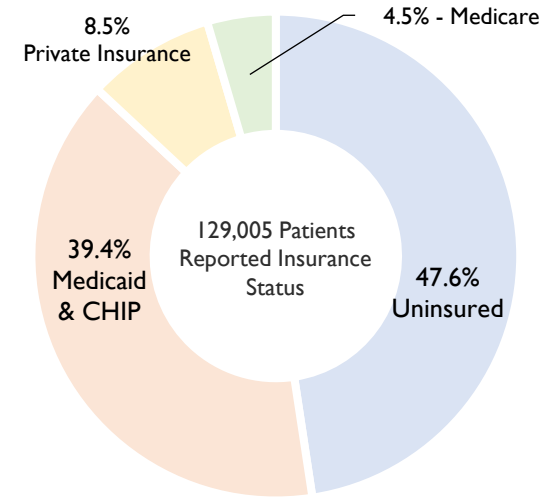
**By Sex at Birth**



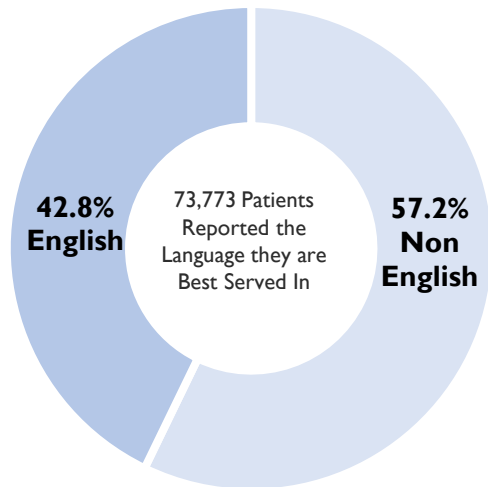
**By Poverty Level**



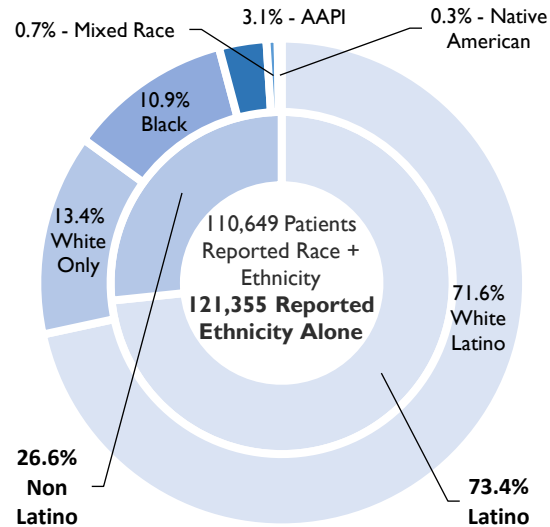
**By Insurance Status**



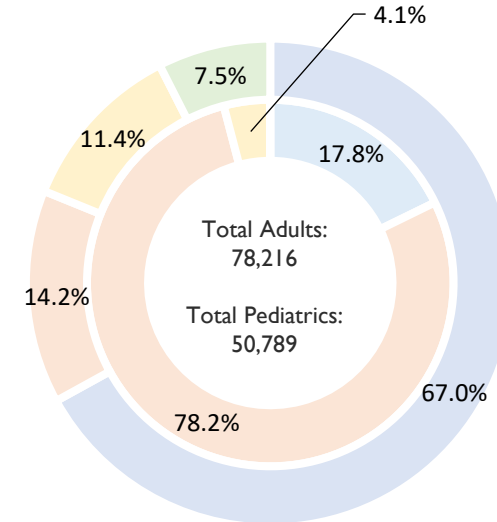
**By Best Served in Language**



**By Race with Ethnicity (Outer Circle)  
By Ethnicity Alone (Inner Circle)**



**By Insurance Status  
Adults (Outer) vs. Pediatrics (Inner)**



## CONTINUED PATIENT GROWTH AND INCREASE ACCESS TO CARE

- CommUnityCare provided 118,517 face-to-face encounters to 68,203 unique patients. This represents an increase of 8.6% over the same period last fiscal year wherein 62,991 unique patients were served through 109,112.
- Continued to increase access to care by partnering with Central Health on the opening of the expanded Hornsby Bend Health and Wellness Center.
- Recruiting continues to trend positively, including recruitment for a permanent provider at the Black Mens Health Clinic. Expect favorable hiring trend to continue, but competition for healthcare workforce talent remains very high both locally and nationally.

### **68,203 Unduplicated Patients Year To Date:**

- **81.2% were Travis County residents**
- **45.8% were uninsured Travis County residents**
- **39.8% were MAP / MAP Basic covered**
- **87.1% self-report as a minority\*.**
- **72.0% reporting were Latino / Hispanic\***
- **8.4% reporting were African American\***
- **2.3% reporting were Asian American/PI\***
- **63.9% reporting were best served in language other than English.\***
- **97.7% reporting had incomes below 200% of the federal poverty level.\***

\* Not all patients report race / ethnicity / language / income. Analysis excludes those not reporting.

## QUALITY: IMPROVEMENT IN 13 OUT OF 16 UDS MEASURES



*2 measures improved by more than 10%*

- *Dental Sealants improved by 26.5%*
- *Adult BMI and Follow Up improved by 12.7%*

*5 measures improved by more than 5%*

- *Diabetic A1c Measure improved by 8.5%*
- *Childhood Immunizations improved by 8.2%*
- *Depression Remission at 12 Months improved by 5.3%*

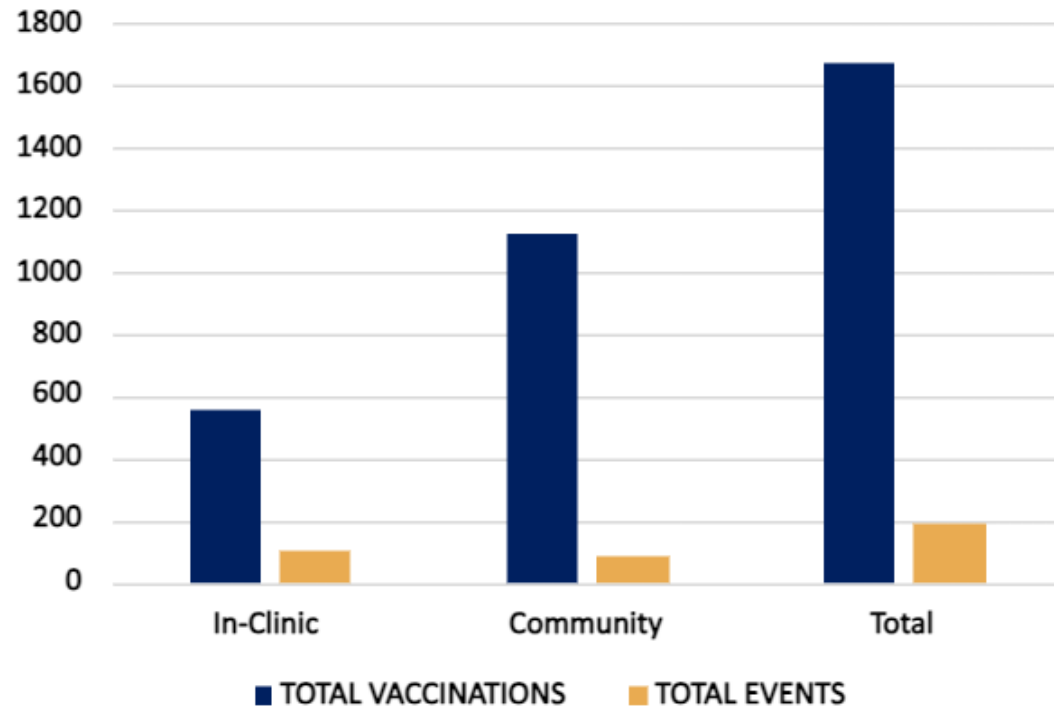
*6 measures increased less than 5%*

### Opportunities

- Child Weight Assessment and Counseling
- Depression Screening
- Colorectal Cancer Screening

# COMMUNITY: COVID COMMUNITY VACCINATION CAMPAIGN

### Covid-19 Vaccination Program



- Total of Individuals Vaccinated:**
  - Total: 1,676
  - Community – 1,125
  - In-Clinic - 551
- Total Number of Events: 187**
  - 82 Community Events
  - 105 In-Clinic Events
  - 44 events per Outreach Personnel
- Average Numbers of Events per week:**
  - 6.7 average event per week
  - 28 Weeks of Vaccine Program
- Zip Codes Areas & Target Clinics**
  - 78617, 78702, 78719, 78724, 78741, 78744, 78745, 78753, 78754, 78758,
  - North Central, SEHW, Hornsby Bend, and Akins

# EQUITY: MEDICAID CAMPAIGN TEXT MESSAGING

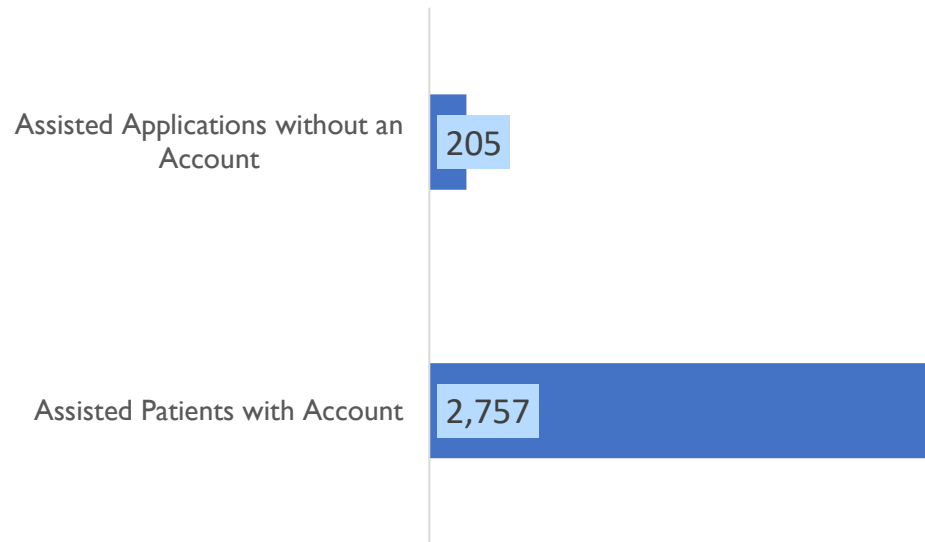
From CommUnityCare Health Centers: Our records indicate that you are without or may have a lapse in medical or dental coverage. See how our financial screeners may be able to assist you, click <https://bit.ly/3Mizkso>. This is an automated message. Please DO NOT Reply.

Month	Total Text Sent	Online Applications Received
November	470	90
December	4,970	174
January	773	Pending

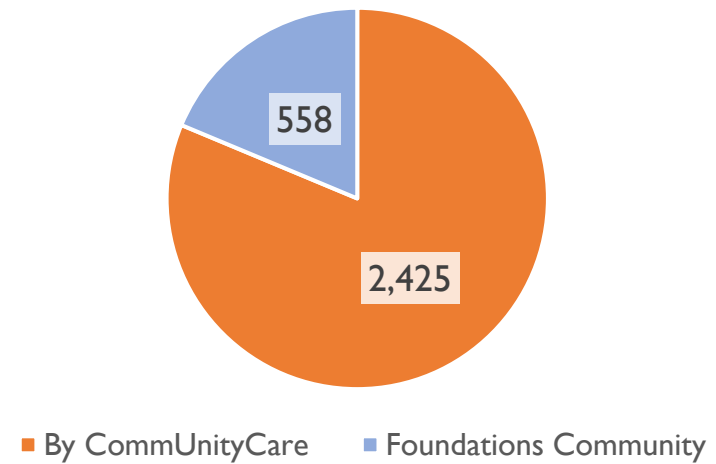


# IMPACT OF MEDICAID REDETERMINATION EFFORTS

## 2,962 Individuals/Families Assisted



## Patient Outreach - Cold Call



## FINANCIAL PERFORMANCE FYTD



- Medicaid redetermination continues to shift CommUnityCare's payer mix. While many are shifting to MAP/ MAP Basic, a large number of Travis County residents are choosing to self-pay/sliding scale – nearly 2.5 times the amount budgeted, but not enough to offset revenues previously received when individuals were covered through Medicaid.
- For fiscal year 2023-24, almost 60% of the 68,203 unique patients served were drawn from the following 10 Travis County zip codes: 78753, 78741, 78744, 78724, 78758, 78617, 78660, 78653, 78745 and 78754.
- CommUnityCare is reporting a deficit of \$205,509 on its interim financial statements through December 2023, which marks the end of the first quarter for the fiscal year 2023-24. The same reporting period last fiscal year showed a deficit of \$270,704. Total operating revenue is slightly under budget by 121,716 (0.23%) at \$53,930,893.

# TOP WORKPLACE

**TOP  
WORK  
PLACES**  

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**2023**

Austin American-Statesman  
statesman.com



## QUESTIONS?

### CommUnityCare Mission:

To strengthen the health and well-being of the communities we serve.

### CommUnityCare Vision:

Striving to achieve health equity for all by:

- (1) being the health care home of choice;
- (2) being a teaching center of excellence; and,
- (3) providing the right care, at the right time, at the right place.



**Equality**

The assumption is that everyone benefits from the same supports. This is equal treatment.



**Equity**

Everyone gets the supports they need (this is the concept of "affirmative action"), thus producing equity.



**Justice**

All 3 can see the game without supports or accommodations because the cause(s) of the inequity was addressed. The systemic barrier has been removed.



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# Quarterly Report

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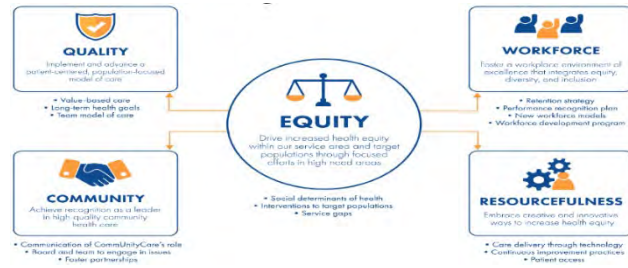
**October 1st – December 31st, 2023**

**Provided to Central Health Board of Managers  
On  
February 16, 2024**

**Provided by  
Dr. Jaeson T. Fournier, President and CEO  
Tara Trower, Chief Strategy Officer**

**SUMMARY OF ORGANIZATIONAL PRIORITIES AND INITIATIVES**

Aligned with CommUnityCare’s Board-approved strategic priorities as shown to the right, our efforts during the first quarter of fiscal year 2023 – 2024 (September 1, to December 31, 2023) have included:



**I. Enhanced Patient Accessibility:** In the recent quarter, there were 118,517 face-to-face encounters\*, benefiting 68,203 distinct patients. This quarter also marked the conclusion of Central Health - CommUnityCare’s federal reporting year as a Health Center Program (HCP), which aligns with the calendar year.

For awareness, CommUnityCare submits a formal report to the federal granting agency, the Health Resources and Services Administration (HRSA), following the end of each calendar year. This HRSA report is referred to as the Uniform Data System or UDS Report. The UDS Report is a required submission by HCP grantees and is a critical aspect of the HRSA's Bureau of Primary Health Care's oversight, providing comprehensive details on patient demographics, services provided, clinical processes and outcomes, patient health behaviors, and health center staffing and operations. Data derived from UDS submissions by the approximate 1,400 HCP grantees nationwide, including ours, is used by HRSA to ensure that the nation’s health centers meet federal requirements for quality, access, and outcomes; to inform policy and funding decisions; and to support health centers in improving care quality and patient outcomes. Additionally, UDS data is publicly available and used by researchers, policymakers, and the public to understand the role and impact of health centers within the United States healthcare system, especially given our unique roles as the nation’s largest safety net primary care network.

For 2023 calendar year and as reported on our 2023 UDS as submitted to HRSA, CommUnityCare reached a record high number of patients served with 134,180 unique patients. This represents a 4% increase in unique individuals served compared to 2022. In addition, more patients were best served in a language other than English (60.5%), almost 98% had incomes below two times poverty, 86% self-reported as belonging to a community of color, and 73% reported their ethnicity as Latino/Hispanic. Of significance, 51.2% of patients served during 2023 were uninsured up from 47.6% in 2022 representing an almost 10% year over year increase in uninsurance. Unfortunately, the percent increase in uninsured children was much higher at 36% with 17.8% of CommUnityCare’s pediatric patients being uninsured compared to 24.2% by the end of 2023. The increased burden of uninsured experienced by our patients is a direct result of the end of the continuous Medicaid benefits provided throughout the coronavirus pandemic with this further exacerbated by the State’s struggles in effectively re-determining Medicaid eligibility for individuals who remain eligible. Of additional significance, the total number of homeless

patients cared for by CommUnityCare in 2023 compared to 2022 grew by a staggering 63.2% from 2,920 to 4,675. Attachment A provides demographic data as reported to HRSA for UDS 2023 and 2022.

- 2. Enhanced Access through New Health Center and Black Men’s Health Clinic (BMHC):** CommUnityCare primary care services were initiated within Central Health’s Hornsby Bend Health and Wellness Center in December 2023, noting that CommUnityCare teams began community vaccination clinics for flu and COVID-19 vaccines within this new access point in November. This new health center has already demonstrated strong demand and utilization by area patients. We are monitoring patient demand closely and expect to expand access even further in the coming months. On the BMHC front, CommUnityCare was able to secure the services of a permanent provider for the Black Men’s Health Clinic using the funding approved by the Central Health Board of Managers. That provider, an African American male, will begin seeing patients in Q2 and we will continue to monitor patient demand at that location. As noted, in Dr. Nick Yagoda’s presentation to the Board of Managers in January, primary care services expanded to three days a week/1 day remote in November.
  
- 3. Collaborative Outreach for Medicaid Redetermination:** Our partnership with Foundation Communities and Central Health to reach families that have been affected by the ongoing Medicaid redetermination efforts by the state has continued as a critically important initiative to mitigate the adverse impact of Medicaid redetermination. This includes supporting the re-qualification individuals disenrolled for Medicaid whenever feasible and supporting those no longer eligible with enrollment into the federal Affordable Care Marketplace as well as enrollment into Central Health’s indigent care programs (MAP / MAP Basic). Unfortunately, formerly pregnant women and pediatric patients have been impacted the most. Tactics deployed have included a text messaging campaign in November and December, resulting in 264 new financial screening applications received. In total, CommUnityCare financial screening teams have assisted with 2,962 Medicaid applications, with the vast majority having been affected by the re-determination process. The team also engaged in “cold call” patient outreach for a total of 2,425 contacts by CommUnityCare (Travis County) and 559 contacts by Foundation Communities (non-Travis County) patients.
  
- 4. Continued Reduction and Appointment Wait Times:** Average appointment lead time for nearly all service lines decreased, and especially for dental, which decreased from more than 60 days to 32 days for new patients. This shift is a result of more favorable hiring, as well as the opening of Chalmers Health Center which includes expanded dental access for the entire system. Teams continue to monitor internal medicine, behavioral health and specialty lead times which decreased less significantly.

- 5. Improved Quality of Care Compared to Prior Year:** CommUnityCare delivered improved outcomes during calendar year 2023 for 13 of 16 HRSA monitored clinical quality measures compared to 2022. The most significant measures of improvement included: pediatric dental sealant rate, the percent of adults receiving a body mass index (BMI) screening and follow-up. Additionally, notable increases occurred in our childhood immunizations rate and the number of patients screened for depression with subsequent achievement of remission. Additionally, we observed a substantive reduction in the percent number of uncontrolled diabetics as measured via hemoglobin A1c, which is a favorable outcome.
- 6. Recognition as an Austin American-Statesman 2023 Top Workplace:** Received recognition from the Austin American-Statesman as one of the top workplaces in Central Texas – large business category. We were the top non-profit awarded this designation with other for-profit entities like Cisco Systems, Dell Technologies, Progressive Insurance and Austin Regional Clinic also awarded the top workplace designation. This recognition is based on a third-party survey wherein our team members provided feedback on CommUnityCare’s organizational culture, workplace fulfillment and their overall perspectives of CommUnityCare as their place of employment.

## **INITIATIVES**

In addition to the above progress, CommUnityCare deliberately worked in the first quarter to:

- I. American Rescue Plan Act (ARPA) Wind Down:** As part of the ARPA of 2021, Central Health - CommUnityCare received \$31.1 million to support, strengthen, and sustain Health Center Program (HCP) activities over two years with this subsequently extended to a third year with funding ending on March 31, 2024. The large award received was a result of the significantly high percentage of uninsured patients served in 2020, relative to other community health centers, noting that we received the largest HCP ARPA award in Texas. Over the last almost 3 years, these monies have been used to support care team and clinical support wages, as well as a number of capital investments. Mindful of the fact that this funding was not renewable, CommUnityCare also invested in one time expenditures including: (1) Implementation of our new electronic medical records system (Epic) in 2021 (\$2.5M) and then stabilizing and enhancing our use of this system post go-live through the use of highly qualified consultants; (2) Pandemic COVID testing and vaccination efforts; (3) Expansion of community outreach for new clinical sites and services; (4) Increased call center capacity and optimization; (5) Substantive medical and dental equipment replacement including the purchase of two 3-D mammography units, digital x-ray units, and information technology enhancements inclusive of new switches, routers, and computers; (6) New digital display screens and software for lobby patient education initiatives; and, (7) Purchase of supply vehicles.

- 2. Vaccine Clinics and Vaccine Education:** CommUnityCare teams supported through state and federal COVID-19 grant funds have successfully conducted vaccine outreach through 105 in-clinic events and 82 community events resulting in 1,670 individuals vaccinated for COVID-19. The grant-funded outreach and education campaign included a vaccine hesitancy advertising campaign targeting residents of the area's highest risk zip codes including: 78617, 78702, 78719, 78724, 78741, 78744, 78745, 78754 and 78758.
- 3. Pharmacy Management System Upgrade:** As part of CommUnityCare's continued investment in Epic and resourcefulness strategic priority, prepared for the transition of its longstanding pharmacy electronic platform (QSI) to Epic's Willow Ambulatory Pharmacy Management System. This upgrade will provide pharmacists and pharmacy technicians tools to track, review, and dispense medications and shares a single database with the rest of Epic's application modules. Upon go-live in January, the integration of pharmacy software with Epic will allow prescriptions to flow more seamlessly and directly from our prescribers to our pharmacy services. Features include bi-directional communication between in-house pharmacies and clinics and enhanced patient experience.
- 4. Specialty Care Transition:** In support of Central Health's implementation of its direct provision of specialty care services CommUnityCare eliminated its pulmonology service at the Southeast Health and Wellness Center and is coordinating MAP / MAP Basic referrals to Central Health's newly established pulmonology care services. Additionally, referrals to Central Health's recently established podiatry services is also occurring for MAP / MAP Basic patients in need of this service. Of note, there is sufficient demand from multiple payor for CommUnityCare's own podiatry practice to continue alongside Central Health's services.

<b>Financial Performance From October 1<sup>st</sup>, 2023 to December 31<sup>st</sup>, 2023</b>					
<b>REVENUES</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance %</b>	<b>Last Year Actual</b>
Sliding Fee Scale/ Self Pay Patients	2,228,510	638,138	1,590,372	249.22%	1,176,987
Commercial	1,445,290	934,344	510,946	54.68%	1,001,884
Medicare	1,369,224	728,170	641,054	88.04%	845,745
Medicaid	9,901,718	12,001,505	(2,099,787)	-17.50%	11,090,257
CHIP	1,169,308	1,088,870	80,438	7.39%	1,183,759
Family Planning	165,137	340,860	(175,723)	-51.55%	313,632
Central Health Primary Care/Specialty Care Fee-For-Service	11,437,625	12,485,700	(1,048,075)	-8.39%	9,251,816
<b>Total Patient Services Revenue</b>	<b>27,716,812</b>	<b>28,217,587</b>	<b>(500,775)</b>	<b>-1.77%</b>	<b>24,864,080</b>
Other Pat Service Revenue	21,789	686,528	(664,739)	-96.83%	391,338
Bad Debt	(1,210,682)	(611,657)	(599,025)	97.93%	(1,746,567)
Third Party Revenue	26,527,919	28,292,458	(1,764,539)	-6.24%	23,508,851
Pharmacy Revenue	16,181,526	13,956,018	2,225,508	15.95%	12,397,988
Net Patient Revenue	42,709,445	42,248,476	460,969	1.09%	35,906,839
Total Grant Revenue	8,158,523	8,497,731	(339,208)	-3.99%	4,890,245
Central Health Non-Contract Revenue	3,062,925	3,306,402	(243,477)	-7.36%	4,265,743
<b>TOTAL OPERATING REVENUE</b>	<b>53,930,893</b>	<b>54,052,609</b>	<b>(121,716)</b>	<b>-0.23%</b>	<b>45,062,827</b>
<b>EXPENSES</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance %</b>	<b>Last Year</b>
Wages	32,131,616	30,468,136	1,663,480	5.46%	25,815,201
Benefits	2,126,897	1,959,633	167,264	8.54%	2,195,442
<b>Total Wages And Benefits</b>	<b>34,258,513</b>	<b>32,427,769</b>	<b>1,830,744</b>	<b>5.65%</b>	<b>28,010,643</b>
Contract Labor	2,126,897	1,950,315	176,582	9.05%	2,195,442
Pharmacy Supplies	9,531,004	8,260,328	1,270,676	15.38%	7,306,046
Direct Care Expenses	3,102,237	3,280,200	(177,963)	-5.43%	2,957,699
Total Indirect Expense	3,059,837	3,016,460	43,377	1.44%	2,797,877
Total Occupancy Expense	2,394,920	2,364,918	30,002	1.27%	2,146,015
Depreciation Expense	148,675	207,480	(58,805)	-28.34%	82,630
Total Expenses	54,622,083	51,507,470	3,114,613	6.05%	45,496,352
Total Non-Operating Revenue/Expense	<b>485,681</b>	<b>1,892,888</b>	<b>(1,407,207)</b>	<b>-74.34%</b>	<b>162,821</b>
Net Surplus/(Deficit)	<b>(205,509)</b>	<b>4,438,027</b>	<b>(4,643,536)</b>	<b>-104.63%</b>	<b>(270,704)</b>
<p><b>Note:</b> CommUnityCare is reporting a deficit of \$205,509 on its interim financial statements through December 2023, which marks the end of the first quarter for the fiscal year 2023-24. The same reporting period last fiscal year showed a deficit of \$270,704. Total operating revenue is slightly under budget by 121,716 (0.23%) at \$53,930,893. Total expenses are over budget by \$3,114,613 (6.05%), mainly due to higher wage and benefit expenses and prescription drug expenses. Both total revenue and total expenses are considerably higher than last fiscal year through the first three months of the current fiscal year.</p>					



**Quarterly Report to Central Health Budget and Finance Committee  
For the Period of October 1<sup>st</sup>, 2023 to December 31<sup>st</sup>, 2023**

**KEY SERVICE DELIVERY METRICS**

<b>Overall Service Delivery</b>	<b>10/01/2023 - 12/31/2023</b>		<b>01/01/2024 - 03/31/2024</b>		<b>04/01/2024 - 06/30/2024</b>		<b>07/01/2024 - 09/30/2024</b>		<b>10/01/2023 - 09/30/2024</b>	
Unduplicated Patients Served	68,203								68,201	
Face-to-Face Provider HRSA Countable Visits	118,517								118,509	
<b>Unduplicated Patients Served by Race + Ethnicity Number of Patients Served and % of Total Patients</b>	<b>10/01/2023 - 12/31/2023</b>		<b>01/01/2024 - 03/31/2024</b>		<b>04/01/2024 - 06/30/2024</b>		<b>07/01/2024 - 09/30/2024</b>		<b>10/01/2023 - 09/30/2024</b>	
Black / African American including Latinos/Hispanics	5,719	8.4%							5,719	8.4%
Asian / Pacific Islander including Latinos/Hispanics	1,599	2.3%							1,599	2.3%
More than One Race including Latinos/Hispanics	505	0.7%							505	0.7%
Native American including Latinos/Hispanics	205	0.3%							205	0.3%
White, Hispanic / Latino	7,654	63.7%							7,654	63.7%
White, Non-Hispanic / Non-Latino	46,453	11.2%							46,453	11.2%
Unreported Race	9,068	13.3%							9,068	13.3%
<b>Unduplicated Patients Served by Ethnicity + Race Number of Patients Served and % of Total Patients</b>	<b>10/01/2023 - 12/31/2023</b>		<b>01/01/2024 - 03/31/2024</b>		<b>04/01/2024 - 06/30/2024</b>		<b>07/01/2024 - 09/30/2024</b>		<b>10/01/2023 - 09/30/2024</b>	
Hispanic / Latino, All Races	49,113	72.0%							91,105	69.8%
Hispanic / Latino, Non-White	710	1.0%							1,322	1.0%
Hispanic / Latino, White Only	43,453	63.7%							80,385	61.6%
Hispanic / Latino, Unreported Race	4,950	7.3%							9,398	7.2%
Non-Hispanic / Non-Latino, Non-White	7,318	10.7%							14,944	11.4%
Non-Hispanic / Non-Latino, White Only	7,654	11.2%							15,167	11.6%
Non-Hispanic / Non-Latino, Unreported Race	1,166	1.7%							2,146	1.6%
Unreported Ethnicity	2,952	4.3%							7,168	5.5%
<b>Unduplicated Patients Served by Sex Assigned at Birth and % of Total Patients</b>	<b>10/01/2023 - 12/31/2023</b>		<b>01/01/2024 - 03/31/2024</b>		<b>04/01/2024 - 06/30/2024</b>		<b>07/01/2024 - 09/30/2024</b>		<b>10/01/2023 - 09/30/2024</b>	
Female	38,667	57.1%							72,406	55.5%
Male	29,536	42.9%							58,141	44.5%



**Quarterly Report to Central Health Budget and Finance Committee  
For the Period of October 1<sup>st</sup>, 2023 to December 31<sup>st</sup>, 2023**

<b>Travis County Unduplicated Patients Served by Sex Assigned at Birth and % of Total Patients</b>	<b>10/01/2023 - 12/31/2023</b>		<b>01/01/2024 - 03/31/2024</b>		<b>04/01/2024 - 06/30/2024</b>		<b>07/01/2024 - 09/30/2024</b>		<b>10/01/2023 - 09/30/2024</b>	
Female	31,330	56.6%							31,330	56.6%
Male	24,033	43.4%							24,033	43.4%
<b>Unduplicated Patients Served by Age Group and % of Total Patients</b>	<b>10/01/2023 - 12/31/2023</b>		<b>01/01/2024 - 03/31/2024</b>		<b>04/01/2024 - 06/30/2024</b>		<b>07/01/2024 - 09/30/2024</b>		<b>10/01/2023 - 09/30/2024</b>	
Under 18 Years Old	25,594	37.5%							25,594	37.5%
18 to 64 Years of Age	38,007	55.7%							38,007	55.7%
65 and Older	4,602	6.7%							4,602	6.7%
Under 18 Years Old: Travis County Resident	19,812	35.8%							19,812	35.8%
18 to 64 Years of Age: Travis County Resident	31,626	57.1%							31,626	57.1%
65 and Older: Travis County Resident	3,925	7.1%							3,925	7.1%
<b>Unduplicated Patients Served by Insurance Status and % of Total Patients</b>	<b>10/01/2023 - 12/31/2023</b>		<b>01/01/2024 - 03/31/2024</b>		<b>04/01/2024 - 06/30/2024</b>		<b>07/01/2024 - 09/30/2024</b>		<b>10/01/2023 - 09/30/2024</b>	
Uninsured	37,171	54.5%							37,171	54.5%
Uninsured: Low Income Travis County Residents	6,102	8.9%							6,102	8.9%
Uninsured: Travis County Resident (Includes MAP/MAP Basic)	31,266	45.8%							31,266	45.8%
MAP / MAP Basic	27,133	39.8%							25,164	36.9%
Medicare including Dual Eligibles	3,401	5.0%							3,401	5.0%
Medicaid	22,055	32.3%							22,055	32.3%
Private Insurance	5,576	8.2%							5,576	8.2%
<b>Unduplicated Patients Served by Income Level and % of Total Patients</b>	<b>10/01/2023 - 12/31/2023</b>		<b>01/01/2024 - 03/31/2024</b>		<b>04/01/2024 - 06/30/2024</b>		<b>07/01/2024 - 09/30/2024</b>		<b>10/01/2023 - 09/30/2024</b>	
Below 200% of Federal Poverty	57,090	83.7%							57,090	83.7%
Above 200% of Federal Poverty	1,341	2.0%							1,341	2.0%
Income Level Not Reported / Unknown	9,772	14.3%							9,772	14.3%



**Quarterly Report to Central Health Budget and Finance Committee  
For the Period of October 1<sup>st</sup>, 2023 to December 31<sup>st</sup>, 2023**

<b>Unduplicated Patients Served by Language Best Served In and % of Total Patients</b>	<b>10/01/2023 - 12/31/2023</b>		<b>01/01/2024 - 03/31/2024</b>		<b>04/01/2024 - 06/30/2024</b>		<b>07/01/2024 - 09/30/2024</b>		<b>10/01/2023 - 09/30/2024</b>	
Best Served in Language Other than English	43,561	63.9%							43,561	63.9%
<b>Unduplicated Patients Served by Top 5 Languages and % of Total Patients</b>	<b>10/01/2023 - 12/31/2023</b>		<b>01/01/2024 - 03/31/2024</b>		<b>04/01/2024 - 06/30/2024</b>		<b>07/01/2024 - 09/30/2024</b>		<b>10/01/2023 - 09/30/2024</b>	
Spanish Language Preferred	41,514	60.9%							41,514	60.9%
English Language Preferred	24,628	36.1%							24,628	36.1%
Arabic Language Preferred	320	0.5%							320	0.5%
Pashto Language Preferred	245	0.4%							245	0.4%
Burmese Language Preferred	167	0.2%							167	0.2%
<b>Unduplicated Homeless Patients by Housing Status and % of Total Patients</b>	<b>10/01/2023 - 12/31/2023</b>		<b>01/01/2024 - 03/31/2024</b>		<b>04/01/2024 - 06/30/2024</b>		<b>07/01/2024 - 09/30/2024</b>		<b>10/01/2023 - 09/30/2024</b>	
Patients Reporting as Homeless	2,933	4.3%							2,933	4.3%
Patients Reporting as: Living in a Shelter	163	0.2%							163	0.2%
Patients Reporting as Homeless: Living on Street or Other	1,214	1.8%							1,214	1.8%
Face-to-Face HRSA Countable Visits - Homeless	2,617	3.8%							2,617	3.8%

**Quarterly Report to Central Health Budget and Finance Committee  
For the Period of October 1<sup>st</sup>, 2023 to December 31<sup>st</sup>, 2023**

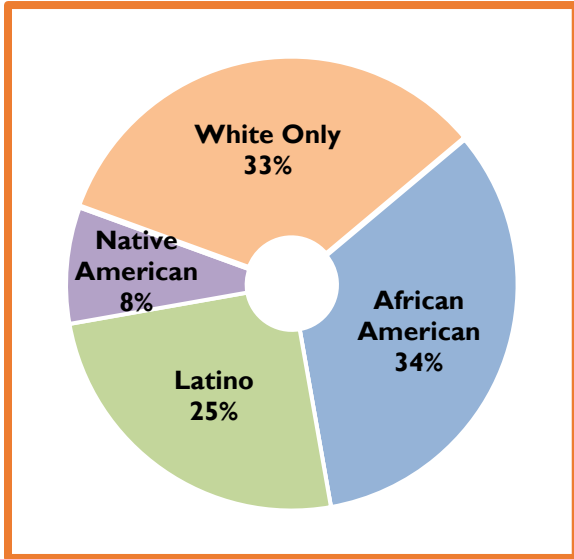
**KEY PATIENT ACCESS METRICS**

<b>Call Center Hold Time and Call Volume</b>	<b>10/01/2023 - 12/31/2023</b>	<b>01/01/2024 - 03/31/2024</b>	<b>04/01/2024 - 06/30/2024</b>	<b>07/01/2024 - 09/30/2024</b>	<b>10/01/2023 - 09/30/2024</b>
Call Center: Avg Hold Time in Seconds	78				78
Call Center: Avg Monthly Call Volume	53,578				53,578
<b>Patient Appointment Access Measures</b>	<b>10/01/2023 - 12/31/2023</b>	<b>01/01/2024 - 03/31/2024</b>	<b>04/01/2024 - 06/30/2024</b>	<b>07/01/2024 - 09/30/2024</b>	<b>10/01/2023 - 09/30/2024</b>
Average 3rd Next Available - Behavioral Health in Days	2.29				2.29
Average 3rd Next Available - Dental in Days	2.02				2.02
Average 3rd Next Available - Family Medicine in Days	1.75				1.75
Average 3rd Next Available - Internal Medicine in Days	5.37				5.37
Average 3rd Next Available - OB/GYN in Days	2.28				2.28
Average 3rd Next Available - Pediatrics in Days	0.93				0.93
Average 3rd Next Available - Specialty in Days	18.44				18.44
Average Lead - Pediatrics - New Patients in Days	13.67				13.67
Average Lead - Pediatrics - Established Patients in Days	15.38				15.38
Average Lead - Family Medicine - New Patients in Days	59.82				59.82
Average Lead - Family Medicine - Established Patients in Days	22.79				22.79
Average Lead - Internal Medicine - New Patients in Days	16.96				16.96
Average Lead - Internal Medicine - Established Patients in Days	25.48				25.48
Average Lead - OB/GYN - New Patients in Days	35.26				35.26
Average Lead - OB/GYN - Established Patients in Days	42.63				42.63
Average Lead - Dental - New Patients in Days	32.35				32.35
Average Lead - Dental - Established Patients in Days	37.41				37.41
Average Lead - Specialty - New Patients in Days	45.53				45.53
Average Lead - Specialty - Established Patients in Days	41.00				41.00
Average Lead -Mental Health- New Patients in Days	6.46				6.46
Average Lead - Mental Health - Established Patients in Days	9.10				9.10

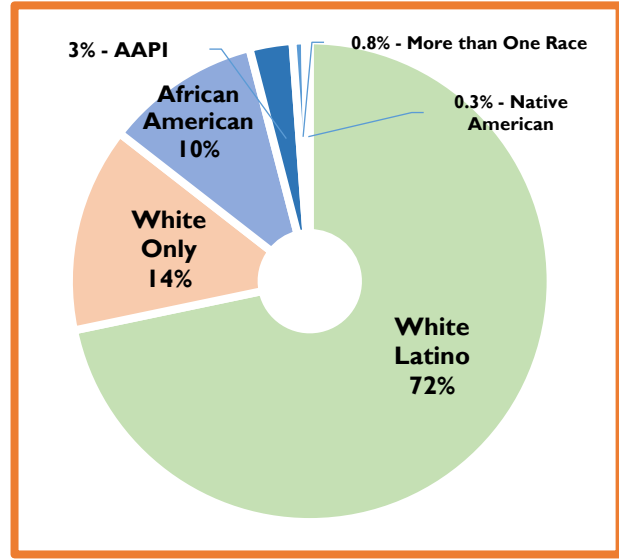
**COMMUNITYCARE BOARD OF DIRECTORS COMPOSITION AS OF DECEMBER 31, 2023**

Attribute	African American	Asian	Latino	"Native	African American	Asian	Latino
Race / Ethnicity	4	0	3	1	0	4	12
Consumers	3	0	2	1	0	2	8
Non-Consumers	1	0	1	0	0	2	4
Non-Consumers with Health Care Income	0	0	0	0	0	0	0
Female	4	0	1	1	0	0	6
Male	0	0	2	0	0	4	6
Proportion of Consumer Board Members							66.67%
Proportion of Non-Consumer Board Members							33.33%
Proportion of Non-Consumer Board Members that derive 10% or more income from health care*							0.00%

Racial / Ethnic Composition of Board as of December 31<sup>st</sup>, 2023



Racial / Ethnic Composition of Patient Population as of December 31<sup>st</sup>, 2023



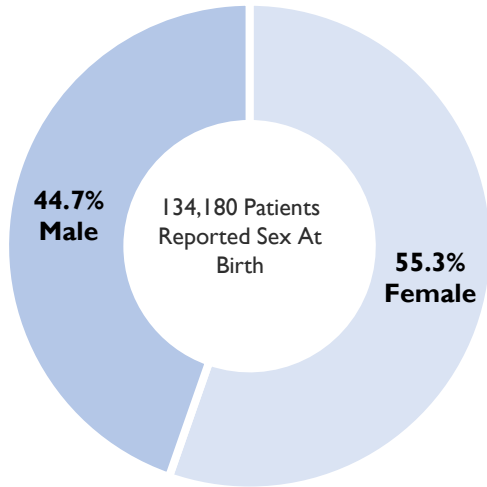
**Quarterly Report to Central Health Budget and Finance Committee  
For the Period of October 1<sup>st</sup>, 2023 to December 31<sup>st</sup>, 2023**

**Central Texas Community Health Center dba CommUnityCare Board of Directors as of December 31<sup>st</sup>, 2023**

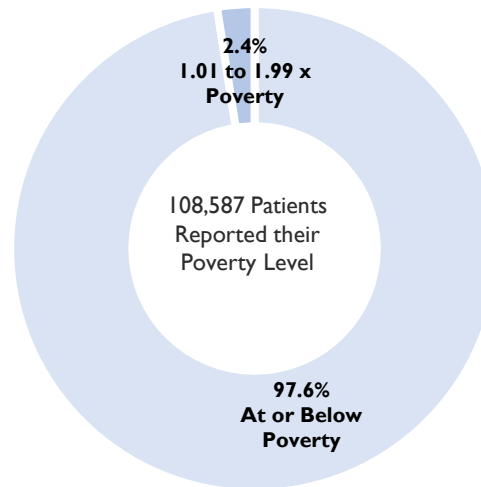
Name	Consumer	Race and/or Ethnicity	Gender	Occupation & or Experience	TCHD Appointee	Special Population Represented	Position Held	Live in Service Area	Work in Service Area	Home Zip Code
Barbara Brooks-Shirley	Yes	African American	Female	Minister/Mentor	No	Homeless	Member	Yes	Yes	78758
Dr. Thomas Coopwood	Yes	White	Male	General Surgey Administration	Yes	N/A	Chair	Yes	Yes	78731
Steven Garrett	No	White	Male	Attorney	No	N/A	Member	Yes	Yes	78704
Carlos Gomez	Yes	Latino	Male	Executive Director	No	N/A	Member	Yes	Yes	78728
Sedora Jefferson	No	African American	Female	Attorney	Yes	N/A	Member	No	Yes	78613
Kimberly Johnson	Yes	African American	Female	Retired	No	N/A	Secretary	Yes	Yes	78723
Debra Locklear	Yes	Native American	Female	Massage Therapy.	No	N/A	Member	Yes	Yes	78723
Dr. Bradley Price	No	White	Male	Women's Health	No	N/A	Treasure	Yes	Yes	78705
Isaac Sanchez	Yes	Latino	Male	Retired - Hotel Mgmt.	No	N/A	Member	Yes	Yes	78741
Karen Siles	No	Latino	Female	IT	No	N/A	Member	Yes	Yes	78729
Guy Swenson	Yes	White	Male	Retired	No	HIV/AIDS	Vice-Chair	Yes	Yes	78758
Claudia Williams	Yes	African American	Female	Sub. Teacher	No	N/A	Member	Yes	Yes	78767

# Attachment A : 134,180 Unique Patients Served in 2023

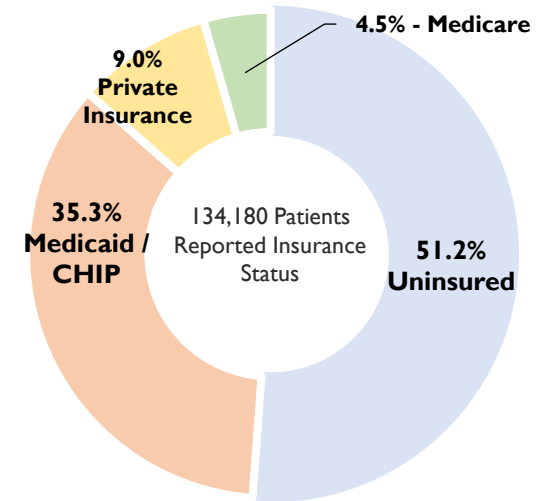
**By Sex at Birth**



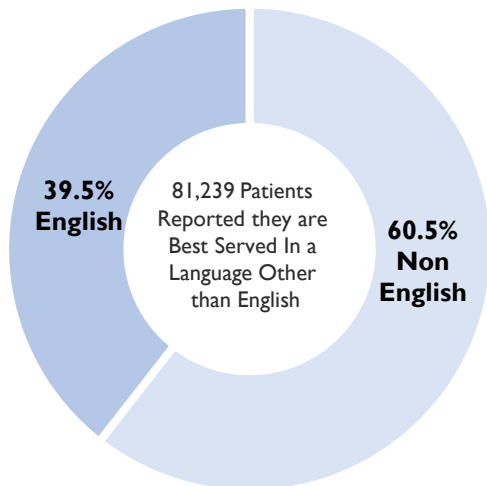
**By Poverty Level**



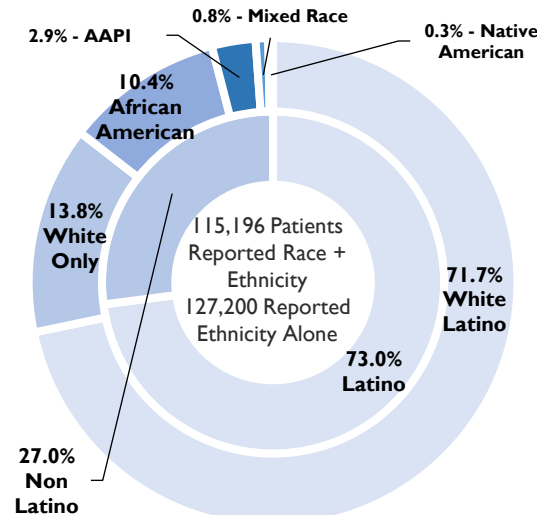
**By Insurance Status**



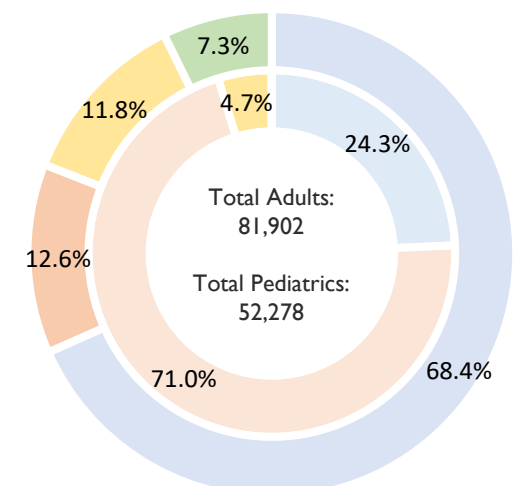
**By Best Served in Language**



**By Race with Ethnicity (Outer Circle)  
By Ethnicity Alone (Inner Circle)**



**By Insurance Status Adults (Outer) vs. Pediatrics (Inner)**

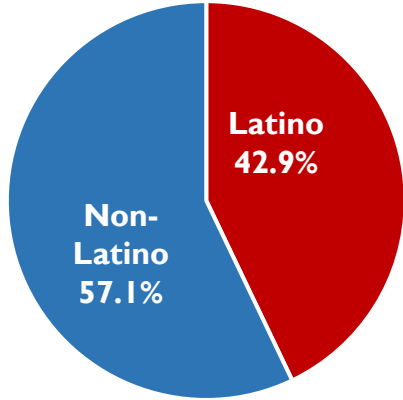


4% more patients served in 2023 compared to 2022 with those uninsured increasing by 7.4% with pediatric uninsurance increasing by 36.0%

# CY2023 HCH Patient Population Characteristics

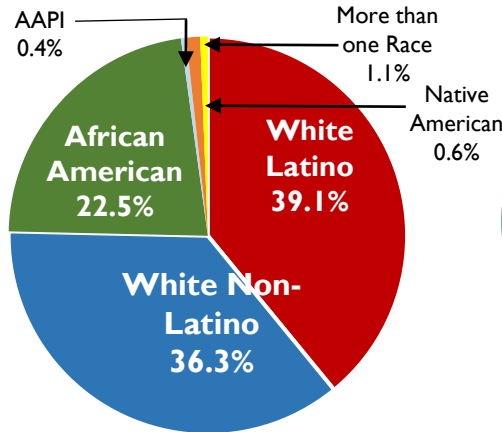
## Ethnicity

Total Reporting Ethnicity: 4,510  
# with no Ethnicity Reported: 212



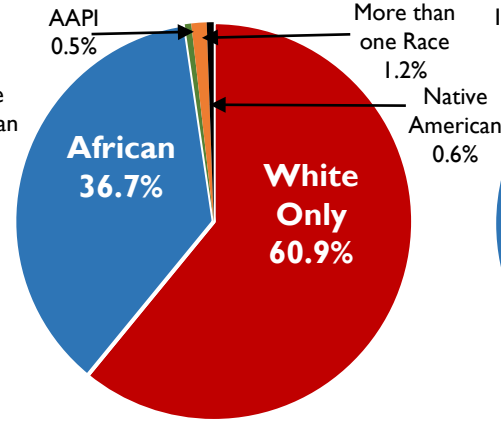
## Race with Latinos

Total Reporting Race + Latino Status: 4,195



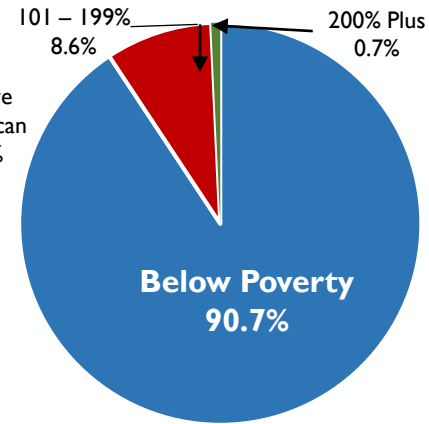
## Race without Latinos

Total Reporting Race: 2,498



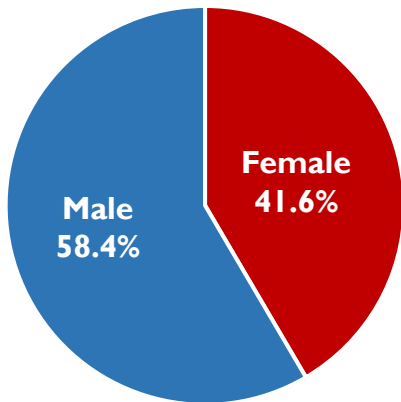
## Poverty Level

Total Reporting Poverty: 2,546



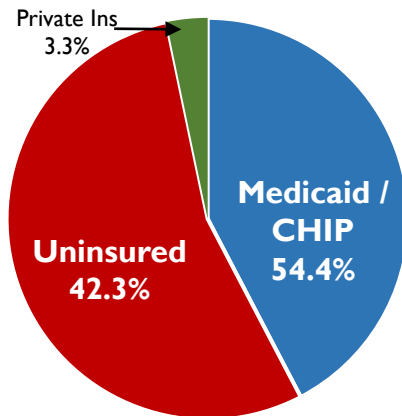
## Gender (At Birth)

Total Reporting Gender: 4,765  
# with no Gender Reported - 0



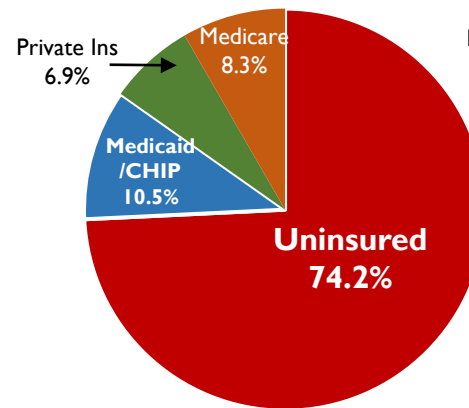
## Insurance Status - Pediatrics

Insurance Status: 274  
# with no Insurance Reported - 0



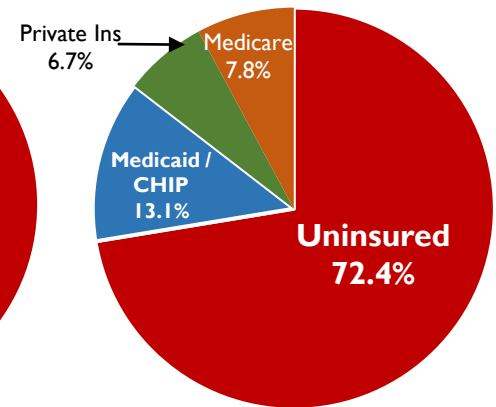
## Insurance Status - Adults

# Reporting Insurance Status: 4,491  
# with no Insurance Reported - 0



## Insurance Status - All

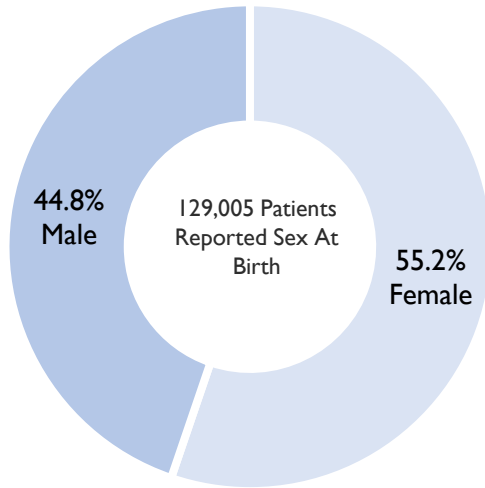
Total Reporting Insurance Status: 4,765  
# with no Insurance Reported - 0



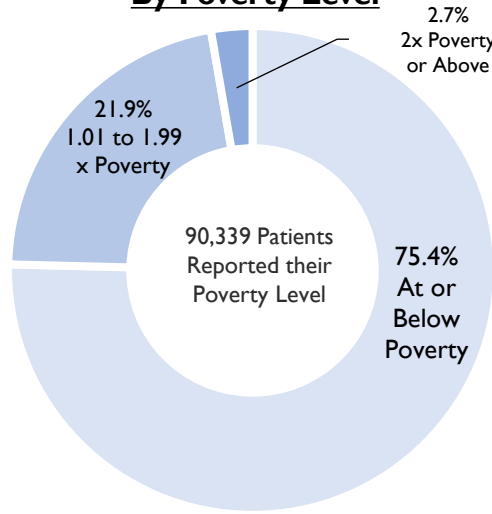
**Total Patients Served - 4,765**  
**63.2% More Homeless served compared to 2022**  
**Best served in a language other than English - 24.8%**

# 129,005 Unique Patients Served in 2022

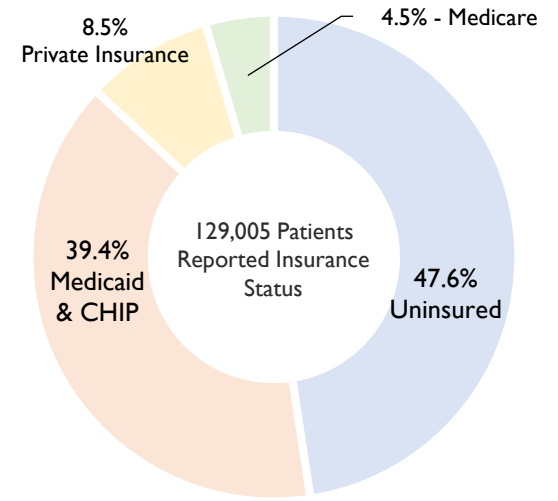
**By Sex at Birth**



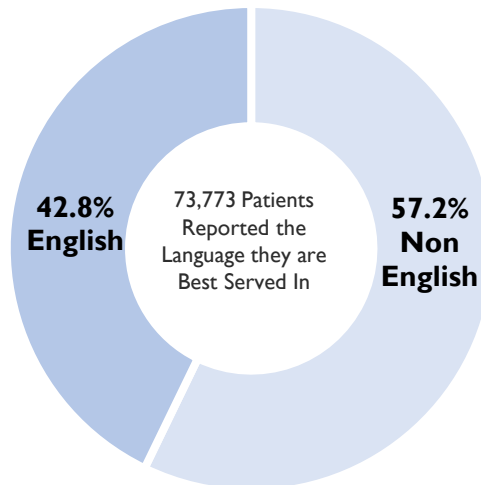
**By Poverty Level**



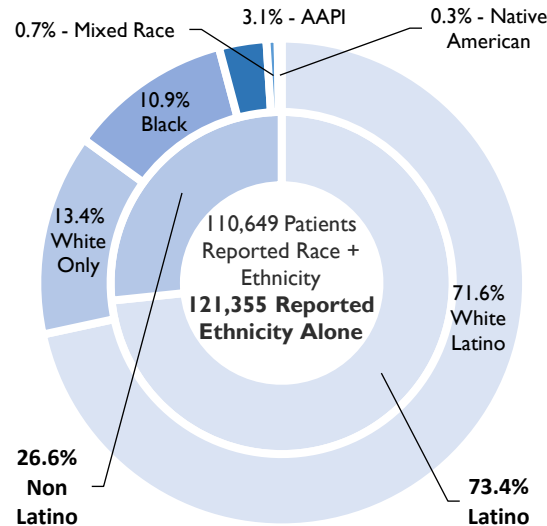
**By Insurance Status**



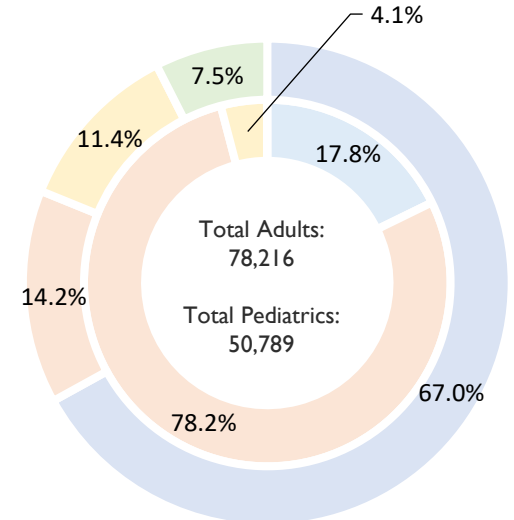
**By Best Served in Language**



**By Race with Ethnicity (Outer Circle)  
By Ethnicity Alone (Inner Circle)**



**By Insurance Status Adults (Outer) vs. Pediatrics (Inner)**







# 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 & FINANCE COMMITTEE MEETING**

### **February 21, 2024**

## **AGENDA ITEM 4**

Receive an update and take appropriate action on contractual issues and the status of the Central Health Third Party Administrator for patient claims processing.<sup>3,4</sup> (*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 February 21, 2024

Who will present the agenda item? (Name, Title) Jeff Knodel/Jon Morgan

General Item Description Funding the Implementation Costs of Internal Third Party Claims Administrator for Central Health and Sendero.

Is this an informational or action item? Action

Fiscal Impact Up to \$1,200,000

Recommended Motion (if needed – action item) Approve funding in an amount NTE \$1,200,000 to implement a third-party claims administration system.

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

- 1) The current Third-Party Claims Administrator has given notice of termination for Central Health and Sendero.
2) The best option available is to implement and manage the system internally.
3) Sendero will manage implementation and operate the system utilizing existing TDI licensing.
4) It will be a very short implementation period that will require substantial resources.
5) This is a critical system for both Central Health and Sendero. If not implemented successfully, it can impact patient care and provider payments.

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

Estimated time needed for presentation & questions? 10 minutes

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

Form Prepared By/Date Submitted: Jeff Knodel 2/16/2024

# CENTRAL HEALTH BUDGET FINANCE COMMITTEE FEBRUARY 21, 2024

Internal Claims Administration System

Agenda Item 4



CENTRAL HEALTH

# ACTION REQUESTED



CENTRAL HEALTH

**Request approval to recommend to the Central Health Board of Managers implementation of an internal claims system for both Central Health and Sendero in an amount not to exceed \$1,200.000.**

# OVERVIEW



CENTRAL HEALTH

**Claims Administrator receives patient medical claims information from clinical providers and facilities and is utilized to pay for the services provided to patients**

**Central Health and Sendero utilize the same third-party claims administrator**

**Termination Notice received from both Central Health and Sendero current Third-party Claims Administrator**

- Central Health termination effective September 30, 2024
- Sendero termination effective December 31, 2024

**This is a critical system for both organizations**

# PLANNING FORWARD



CENTRAL HEALTH

- **Best Option**

- Implement Internal Claims Administration function
  - Licensed through existing HMO license held by Sendero
  - Transition from current TPA software application
  - Leverage existing TPA implementation at Sendero
  - Benefits of internal system
    - Long-term stability
    - Cost savings
    - Focus on Central Health and Sendero requirements

# RISKS



CENTRAL HEALTH

- **RISKS**
  - Short timelines – shorter than typical implementations
    - Obtain or replicate current system configuration
    - Test/Validation
    - System cutover
    - Claims runout
    - Complexities – known and unknown
- **Mitigation**
  - Same platform as existing claims system
  - TPA implementation experience of Sendero staff

# FINANCIAL SUMMARY



CENTRAL HEALTH

- **Central Health to fund total implementation costs**
  - Estimated budget not to exceed \$1,200,000
    - Licensing/Hosting
    - Staffing (internal)
    - Outside consulting services
    - Other
  - Sendero to fund its portion of costs over next 2-3 years
    - Will work with Sendero once implementation is completed



# Questions



CENTRAL HEALTH



# CENTRAL HEALTH

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## **BUDGET & FINANCE COMMITTEE MEETING**

### **February 21, 2024**

## **AGENDA ITEM 5**

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