



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.

Respect - We honor our relationship with those we serve and those with whom we work.

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

BOARD OF MANAGERS

Meeting Agenda

Wednesday, October 30, 2019, 5:30 p.m.

Central Health Administrative Offices

1111 E. Cesar Chavez St.

Austin, Texas 78702

Board Room

CITIZENS' COMMUNICATION

CONSENT AGENDA

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

- C1. Approve the minutes of the September 18, 2019 and September 25, 2019 meetings of the Central Health Board of Managers.
- C2. Receive and ratify Central Health Investments for September 2019.
- C3. Receive, discuss and take appropriate action on a presentation from Southwest Retirement Consultants and Branch Banking and Trust (BB&T) on the quarterly investment results of the Travis County Healthcare District Retirement Plan and 457 Deferred Compensation Plan including recommended fund changes, as recommended by the Budget and Finance Committee.
- C4. Adopt the Fiscal Year 2020 Central Health Investment Policy as presented by the Travis County Cash/Investment Management Department and amendments to the Central Health Reserve Policy as presented by Central Health staff.

REGULAR AGENDA*

1. Receive and discuss a presentation from Kristen Doyle, General Counsel and Deputy Executive Director, Cancer Prevention and Research Institute of Texas (CPRIT). (*Informational Item*)
2. Receive and discuss a briefing regarding *Birch, et al. v. Travis County Healthcare District d/b/a Central Health and Mike Geeslin, Cause No. D-1-GN-17-005824* in the 345th District Court of Travis County.¹ (*Informational Item*)
3. Discuss and take appropriate action on an Interlocal Agreement between Central Health, The University of Texas at Austin, and Emergency Services District 11 for the establishment of a health care clinic in southeast Travis County.¹ (*Action Item*)
4. Discuss and take appropriate action on the appointment of one member to the Integral Care Board of Trustees. (*Action Item*)
5. Discuss and take appropriate action to reappoint Eddie Southard to the Board of Directors, Sendero Health Plans, Inc. (*Action Item*)
6. Receive and discuss a report of the preliminary September 2019 financial statements for the Community Care Collaborative. (*Informational Item*)
7. Receive and discuss a report of the preliminary September 2019 financial statements for Central Health. (*Informational Item*)
8. Discuss and take appropriate action to:
 - a. authorize the Central Health President and CEO to execute all documents necessary for Central Health to obtain a capital line of credit from J.P. Morgan Chase; and
 - b. adopt a Board resolution authorizing these finance expenditures and reimbursement of Central Health funds from finance proceeds. (*Action Item*)
9. Discuss an update regarding Sendero Health Plans, Inc., including the effect of federal legislative and regulatory actions.¹ (*Informational Item*)
10. Receive and discuss a report from the President & CEO on Central Health operations and current activities, including: (a) the Fiscal Year 2019 strategic work plan and operational priorities; (b) an assessment of systems and processes; and (c) other personnel matters.¹ (*Informational Item*)
11. Discuss and take appropriate action to designate Perla Cavazos as Assistant Administrator. (*Action Item*)
12. Discuss and take appropriate action on the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) projects, the Community Care Collaborative, including health care delivery arrangements, and other community partnerships.¹ (*Action Item*)
13. Receive and discuss a briefing on the selection of outside legal counsel.¹ (*Informational Item*)
14. Confirm the next regular Board meeting date, time, and location. (*Informational Item*)

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

Note 1, Possible closed session item.

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

Any individual with a disability who plans to attend 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.

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

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



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.

Respect - We honor our relationship with those we serve and those with whom we work.

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

BOARD MEETING

October 30, 2019

REGULAR AGENDA ITEM 1

Receive and discuss a presentation from Kristen Doyle, General Counsel and Deputy Executive Director, Cancer Prevention and Research Institute of Texas (CPRIT).



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.

Respect - We honor our relationship with those we serve and those with whom we work.

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

BOARD MEETING

October 30, 2019

REGULAR AGENDA ITEM 2

Receive and discuss a briefing regarding *Birch, et al. v. Travis County Healthcare District d/b/a Central Health and Mike Geeslin, Cause No. D-1-GN-17-005824* in the 345th District Court of Travis County.¹



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.

Respect - We honor our relationship with those we serve and those with whom we work.

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

BOARD MEETING

October 30, 2019

REGULAR AGENDA ITEM 3

Discuss and take appropriate action on an Interlocal Agreement between Central Health, The University of Texas at Austin, and Emergency Services District 11 for the establishment of a health care clinic in southeast Travis County.¹



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.

Respect - We honor our relationship with those we serve and those with whom we work.

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

BOARD MEETING

October 30, 2019

REGULAR AGENDA ITEM 4

Discuss and take appropriate action on the appointment of one member to the Integral Care Board of Trustees.



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.

Respect - We honor our relationship with those we serve and those with whom we work.

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

BOARD MEETING

October 30, 2019

REGULAR AGENDA ITEM 5

Discuss and take appropriate action to reappoint Eddie Southard to the Board of Directors, Sendero Health Plans, Inc.



MEMORANDUM

To: Central Health Board of Managers
From: Stephanie Lee McDonald, Chief of Staff
Cc: Mike Geeslin, President and CEO
Date: October 21, 2019
Re: **Agenda item 5:** Discuss and take appropriate action to reappoint Eddie Southard to the Board of Directors, Sendero Health Plans, Inc. (*Action Item*)

Overview:

Pursuant to the Bylaws for Sendero Health Plans, Inc. ("Sendero"), Central Health appoints the Directors to the Sendero Board of Directors (the "Sendero Board"). Sendero Board terms are for two years and staggered. There are no limits to the number of terms a board member may serve.

Synopsis:

It is our recommendation that the Central Health Board of Managers reappoint Eddie Southard to the Sendero Board. Eddie Southard is currently serving on the Sendero Board and has a thorough understanding of Sendero and the health plan industry. The term would expire October 30, 2021.

Recommendation:

Reappoint Director Eddie Southard to the Board of Directors, Sendero Health Plans, Inc.

Bios:

Eddie Southard

Eddie Southard was first appointed to the Sendero Board in July of 2017.

He spent over 37 years at State Farm Insurance, having served in numerous leadership roles in corporate and at five operations centers across the country. During his time at State Farm he assembled and developed effective teams and participated in multiple process improvement efforts resulting in companywide impact. As an avid supporter of diversity in the workplace he assisted in recruiting qualified and diverse candidates for career opportunities during his tenure at State Farm. He retired in May of 2017.

Eddie is active in the community. He is a member of the Austin Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. where he has serves on the leadership team and various committees, including his current tenure as community service chairman.



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.

Respect - We honor our relationship with those we serve and those with whom we work.

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

BOARD MEETING

October 30, 2019

REGULAR AGENDA ITEM 6

Receive and discuss a report of the preliminary September 2019 financial statements for the Community Care Collaborative.

Community Care Collaborative

Financial Statement Presentation

FY 2019 – as of September 30, 2019 (Preliminary)

**Central Health Board of Managers
Board of Managers Meeting
October 30, 2019**

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



a partnership of Central Health and Seton Healthcare Family

General

September 2019



- * Cash is at \$34 million compared to \$36.6 million last year. CCC received an \$11M member payment from Central Health in September.
- * Total Liabilities are at \$20 million as of the end of September.
- * Net Assets at the end of September are \$14.8 million. This includes the FY18 contingency reserve carry forward of \$5.1 million.

DRAFT

Balance Sheet

As of September 30, 2019



	<u>as of 9/30/2019</u>	<u>Audited as of 9/30/2018</u>
Assets		
Cash and Cash Equivalents	33,944,523	36,595,290
Other Receivables	332,153	144,021
Prepaid and Other	221,069	398,488
Total Assets	<u>34,497,745</u>	<u>37,137,799</u>
Liabilities		
AP and Accrued Liabilities	17,050,511	25,658,860
Deferred Revenue	1,961,042	773,780
Other Liabilities	254,083	271,218
Accrued Payroll	415,158	345,634
Total Liabilities	<u>19,680,794</u>	<u>27,049,492</u>
Net Assets	<u>14,816,951</u>	<u>10,088,307</u>
Liabilities and Net Assets	<u>34,497,745</u>	<u>37,137,799</u>

Sources and Uses Report, Budget vs Actual

Fiscal Year-to-Date through September 30, 2019



Sources of Funds	Approved Budget	YTD Actual	YTD % of Budget	Prior YTD Actual
DSRIP Revenue	59,417,759	75,365,262	127%	59,153,831
Member Payment - Seton ⁽¹⁾	40,000,000	21,000,000	52%	36,266,490
Member Payment - Central Health ⁽¹⁾	34,000,000	35,420,000	104%	23,200,000
Operations Contingency Carryforward	8,331,095	5,088,306	61%	13,065,346
Other Sources	300,000	622,772	208%	669,497
Total Sources of Funds	142,048,854	137,496,340	97%	132,355,164
Uses - Programs				
Healthcare Delivery	95,048,854	82,917,776	87%	88,607,042
UT Services Agreement	35,000,000	35,000,000	100%	35,000,000
DSRIP Project Costs	12,000,000	9,761,613	81%	3,659,815
Total Uses	142,048,854	127,679,389	90%	127,266,857
Net Sources (Uses)	-	9,816,951		5,088,307
Net Assets		14,816,951		10,088,307

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

Healthcare Delivery Costs - Summary

Fiscal Year-to-Date through September 30, 2019



	<u>Approved Budget</u>	<u>Amended Budget</u>	<u>YTD Actual</u>	<u>YTD % of Budget</u>	<u>Prior YTD Actual</u>
Healthcare Delivery					
Primary Care	52,046,817	52,046,817	48,261,347	93%	51,616,895
Specialty Care	10,673,000 *	10,973,000	6,917,710	63%	8,761,444
Specialty Behavioral Health	8,933,856	8,933,856	9,179,939	103%	9,226,698
Specialty Dental Care	1,100,000	1,100,000	799,123	73%	382,446
Post-Acute Care	1,225,000 *	2,325,000	2,210,759	95%	2,584,332
Pharmacy	5,850,000	5,850,000	5,369,057	92%	4,841,788
Medical Management	1,915,141	1,915,141	1,643,482	86%	1,879,088
Urgent and Convenient Care	250,000	250,000	158,518	63%	236,812
Healthcare Delivery - Operations ⁽¹⁾	12,866,947 *	11,466,947	8,377,843	73%	9,077,538
Operations Contingency Reserve	188,093	188,093	-	0%	-
Total Healthcare Delivery	95,048,854	95,048,854	82,917,776	87%	88,607,042

(1) Additional detail provided on slide 8

* Budget shifted from Operations to Post-Acute Care

Healthcare Delivery Costs – Primary Care

Fiscal Year-to-Date through September 30, 2019



	<u>Approved Budget</u>	<u>YTD Actual</u>	<u>YTD % of Budget</u>	<u>Prior YTD Actual</u>
Primary Care				
CommUnityCare	41,760,000	39,349,141	94%	41,759,999
El Buen Samaritano	2,100,000	1,418,149	68%	2,566,093
Lone Star Circle of Care	4,364,995	4,615,085	106%	3,924,072
People's Community Clinic	2,500,000	2,023,883	81%	2,500,000
Volunteer Healthcare Clinic	200,000	153,574	77%	160,827
UT School of Nursing	25,000	1,323	5%	3,263
City of Austin EMS	696,822	696,822	100%	696,822
Other Providers	400,000	3,370	1%	5,819
Total Primary Care	52,046,817	48,261,347	93%	51,616,895

HCD Providers Expenditures – Specialty Care Detail

Fiscal Year-to-Date through September 30, 2019



Specialty Care	Approved Budget	Amended Budget	YTD Actual	% Budget Used	Prior YTD Actual
Consultation Services	535,000	535,000	24,980	5%	18,550
CommUnityCare by Specialty (in FY2019)	n/a	n/a	n/a	n/a	n/a
Seton Multi Specialty	200,000	200,000	39,162	20%	2,648,229
Cardiology	200,000	200,000	148,249	74%	40,657
Dermatology	450,000	450,000	372,659	83%	-
Ear, Nose and Throat	450,000	450,000	250,856	56%	388,064
Gastroenterology	1,250,000	1,250,000	787,531	63%	1,151,406
General Surgery	-	-	41,236	n/a	-
Gynecology IPU	1,500,000	1,500,000	452,715	30%	539,860
Oncology Services	700,000	700,000	310,236	44%	478,471
Ophthalmology	1,700,000	1,700,000	1,372,543	81%	1,523,735
Musculoskeletal	1,250,000 *	1,550,000	1,346,862	87%	1,417,792
Orthotics and Prosthetics	200,000	200,000	203,284	102%	106,715
Palliative Care	25,000	25,000	591	2%	1,103
Physical Medicine and Rehabilitation	15,000	15,000	-	0%	-
Rheumatology	200,000	200,000	157,419	79%	-
Pulmonology	225,000	225,000	381,776	170%	-
Urology	250,000	250,000	246,028	98%	200,000
Endocrinology	700,000	700,000	278,412	40%	-
Ancillary Services	175,000	175,000	16,556	9%	246,861
Project Access	330,000	330,000	330,000	100%	-
Other	318,000	318,000	156,617	49%	-
Total Specialty Care	10,673,000	10,973,000	6,917,710	63%	8,761,444

HCD Operations Expenditures

Fiscal Year-to-Date through September 30, 2019



	<u>Approved Budget</u>	<u>Amended Budget</u>	<u>YTD Actual</u>	<u>YTD % of Budget</u>	<u>Prior YTD Actual</u>
Healthcare Delivery Operations					
Service Delivery Operations	1,516,171	1,516,171	978,957	65%	2,362,861
Claims Payment & Analysis	2,425,492 *	1,425,492	1,141,571	80%	-
Eligibility and Enrollment	1,620,005 *	1,520,005	1,194,983	79%	1,122,925
Health Information Technology	3,230,901	3,230,901	2,236,714	69%	2,259,573
Project Management Office	918,619 *	818,619	514,626	63%	828,276
Quality Assessment Performance	1,567,385 *	1,367,385	804,798	59%	997,861
Strategy, Comm, Population Health	381,582	381,582	322,496	85%	-
Administration	1,206,792	1,206,792	1,183,699	98%	1,506,042
Total Healthcare Delivery Operations	12,866,947 *	11,466,947	8,377,843	73%	9,077,538

* Budget shifted from Operations to Post-Acute Care and Specialty Care

Thank You

www.ccc-ids.org



a partnership of Central Health and Seton Healthcare Family

*Preliminary*¹⁹



Preliminary September 2019 FYTD Financial Statements (unaudited)

Page 1 of 3

Balance Sheet

Current Assets

Cash and Cash Equivalents – \$34M

Other Receivables – \$332K total

- CUC Atrium Rent \$21K
- ATCIC School Based Counseling \$210K
- DSRIP Recoupment PY1 \$101K

Prepaid and Other – \$221K

- \$184K – Prepaid insurance and software license
- \$37K – Atrium Security deposit

Total Assets – \$34.5M

Liabilities

Accounts Payable and Accrued Liabilities – \$17.0M, which includes:

- \$14.8M estimated IBNR to providers
- \$962K non-provider accruals
- \$1.3M due to Central Health

Deferred Revenue – \$2M deferred revenue related to DSRIP projects

Other Liabilities – \$254K; includes leasehold improvement allowance liability of \$124K and Deferred Rent of \$135K

BOARD PACKET



Preliminary September 2019 FYTD Financial Statements (unaudited)
Page 2 of 3

Payroll Liabilities – \$415K; includes PTO liability

Total Liabilities – \$19.7M

Net Assets

Emergency Reserve – \$5.0M

Unrestricted Net Assets – \$9.8M

Total Net Assets – \$14.8M

Total Liabilities and Net Assets – \$34.5M

Sources and Uses Report

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

Sources of Funds, Year-to-Date

DSRIP Revenue - \$75M – \$62M for DY7, \$10M DY8 Category D measures paid but not budgeted, \$3M DY6 Carryforward

Member Payments - \$56M for Central Health and Seton Member Payments

Operations Contingency Carryforward - \$5.1M from FY2018 (does not include \$5M in emergency reserves)

Other Sources – \$622K for interest income

BOARD PACKET

Uses of Funds, Year-to-Date

Operating Expenses

	<u>Approved Budget</u>	<u>Amended Budget</u>	<u>YTD Actual</u>	<u>YTD % of Budget</u>	<u>Prior YTD Actual</u>
Healthcare Delivery					
Primary Care	52,046,817	52,046,817	48,261,347	93%	51,616,895
Specialty Care	10,673,000 *	10,973,000	6,917,710	63%	8,761,444
Specialty Behavioral Health	8,933,856	8,933,856	9,179,939	103%	9,226,698
Specialty Dental Care	1,100,000	1,100,000	799,123	73%	382,446
Post-Acute Care	1,225,000 *	2,325,000	2,210,759	95%	2,584,332
Pharmacy	5,850,000	5,850,000	5,369,057	92%	4,841,788
Medical Management	1,915,141	1,915,141	1,643,482	86%	1,879,088
Urgent and Convenient Care	250,000	250,000	158,518	63%	236,812
Healthcare Delivery - Operations ⁽¹⁾	12,866,947 *	11,466,947	8,377,843	73%	9,077,538
Operations Contingency Reserve	188,093	188,093	0	0%	0
Total Healthcare Delivery	95,048,854	95,048,854	82,917,776	87%	88,607,042

UT Services Agreement – \$35M FY19 due August 15th of each year

DSRIP Project Costs – Year-to-date \$9.8M

Change in Net Assets – Year-to-date change in net assets is an increase of \$4.7M
(9/30/2018 Net Assets = \$10.1M)

BOARD PACKET



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.

Respect - We honor our relationship with those we serve and those with whom we work.

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

BOARD MEETING

October 30, 2019

REGULAR AGENDA ITEM 7

Receive and discuss a report of the preliminary September 2019 financial statements for Central Health.



CENTRAL HEALTH

Central Health

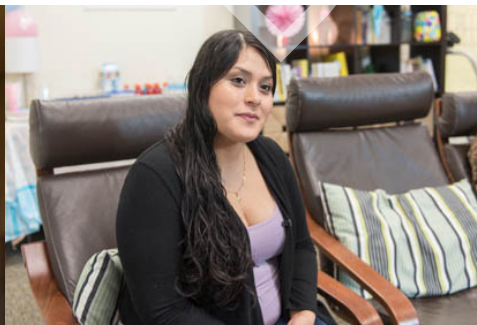
Financial Statement Presentation

FY 2019 – as of September 30, 2019 (Preliminary)

Central Health Board of Managers Meeting

October 30, 2019

Lisa Owens, VP of Financial Operations





September 2019 Financial Highlights

- Year-to-date, collected net property tax revenue is \$198 million compared to \$183 million as of September 2018.
- Tax collected through September 2019 is 99% of the adjusted tax levy compared to 99% as of September 2018.
- The IGT for YTD September 2019 is \$118 million compared to \$113 million as of September 2018. The increase is related to the DSRIP IGT for the CCC.
- Central Health made a Member Payment to the CCC in September for \$11M.
- The TCHD LPPF made it's first IGT payment for Uncompensated Care, Performance Year 8 of \$13M. The TCHD LPPF cash & investment balance after this IGT is \$12.8M and there is a balance due from participants of \$8.7M as of 9/30/2019.

Preliminary

25



Balance Sheet
As of September 30, 2019
(Page 1 of 2, Assets)

Assets	as of 9/30/2019	Audited as of 9/30/2018
Current Assets		
Cash and cash equivalents	1,005,650	1,595,375
Short-term investments	95,991,491	79,771,440
Ad valorem taxes receivable	1,203,466	1,022,083
Other receivables	4,181,201	3,856,174
Prepaid expenses	328,274	524,288
Total Current Assets	102,710,082	86,769,360
Restricted Cash and Investments or Noncurrent		
Restricted for capital acquisition	5,991,347	6,328,247
Sendero paid-in-capital	71,000,000	71,000,000
Working capital advance to CommUnityCare	4,000,000	4,000,000
Sendero Surplus Debenture	37,083,000	17,083,000
Restricted TCHD LPPF Cash & Investments	12,813,388	-
Total Restricted Cash and Investments or Noncurrent	130,887,735	98,411,247
Capital Assets		
Land	12,546,211	11,770,184
Buildings and improvements	134,695,330	134,354,256
Equipment and furniture	9,551,257	8,779,252
Construction in progress	1,483,800	196,006
Less accumulated depreciation	(44,384,537)	(39,902,640)
Total Capital Assets	113,892,061	115,197,058
Total Assets	347,489,878	300,377,665

Preliminary

26



Balance Sheet
As of September 30, 2019
(Page 2 of 2, Liabilities and Net Assets)

Liabilities	as of 9/30/2019	Audited as of 9/30/2018
Current Liabilities		
Accounts payable	3,628,030	1,410,896
Salaries and benefits payable	1,446,079	1,284,601
Other Payables	91,563	81,607
Debt service payable, short-term	1,092,203	1,059,933
Deferred tax revenue	21,793	107,870
Other deferred revenue	6,466	-
Total Current Liabilities	<u>6,286,134</u>	<u>3,944,907</u>
Restricted or Noncurrent Liabilities		
Funds held for TCHD LPPF	12,813,388	
Debt service payable, long-term	7,285,000	8,350,000
Deferred Revenue	1,220,000	
Total Restricted or Noncurrent Liabilities	<u>21,318,388</u>	<u>8,350,000</u>
Total Liabilities	<u>27,604,522</u>	<u>12,294,907</u>
Net Assets		
Unrestricted	205,993,295	172,885,700
Investment in Capital Assets	113,892,061	115,197,058
Total Net Assets	<u>319,885,356</u>	<u>288,082,758</u>
Liabilities and Net Assets	<u>347,489,878</u>	<u>300,377,665</u>

Preliminary



Sources and Uses Report
Fiscal Year-to-Date through September 30, 2019
(Excludes Depreciation Expense)

Sources / Uses	This Month	Fiscal Year to Date	Fiscal Year Budget	Percent of Budget Used	Prior Fiscal Year to Date
Sources					
Property Tax Revenue	1,073,823	197,810,630	196,861,527	100%	182,593,771
Lease Revenue	857,841	13,174,119	18,067,937	73%	10,744,091
Other Revenue	490,503	3,083,343	400,000	771%	1,601,956
Tobacco Settlement Revenue	-	3,523,773	2,000,000	176%	3,426,346
Contingency Reserve (Carryforward)	-	52,648,775	41,039,184	128%	51,560,311
Total Sources	2,422,167	270,240,640	258,368,648	105%	249,926,475
Uses of Funds					
Healthcare Delivery	13,754,200	198,190,309	247,343,600	80%	161,342,433
Administrative Program					
Salaries and benefits	340,238	4,198,665	4,690,997	90%	3,612,865
Consulting Fees	28,665	250,959	1,026,500	24%	787,205
Legal Fees	115,722	797,886	1,198,320	67%	726,203
Other Purchase Goods and Services	159,047	1,161,563	2,406,021	48%	1,693,482
Total Administrative Program	643,672	6,409,073	9,321,838	69%	6,819,755
Tax Collection Expenses	19,299	1,577,987	1,703,211	93%	1,541,652
Total Uses	14,417,171	206,177,369	258,368,648	80%	169,703,840
Excess Sources / (Uses)	(11,995,004)	64,063,271	-		80,222,635

Preliminary

28



Healthcare Delivery Expense
Fiscal Year-to-Date through September 30, 2019
(Excludes Depreciation Expense)

Healthcare Delivery	This Month	Fiscal Year to Date	Fiscal Year Budget	Percent of Budget Used	Prior Fiscal Year to Date
Intergovernmental Transfers (IGTs) ⁽¹⁾					
Private Uncompensated Care	-	15,228,042	24,000,000	63%	15,965,283
DSMC Uncompensated Care	-	14,256,758	24,500,000	58%	12,667,158
DSH - Disproportionate Share	-	33,431,254	35,000,000	96%	33,850,078
DSRIP - CCC	-	32,150,830	27,500,000	117%	24,618,177
DSRIP - DSMC, Dell Children's	-	22,207,318	27,500,000	81%	25,665,759
DSRIP - St. David's	-	684,217	630,000	109%	319,637
Subtotal Intergovernmental Transfers (IGTs)	-	117,958,419	139,130,000	85%	113,086,092
Provider Costs					
Primary Care	514,026	1,127,749	790,344	143%	977,518
DSRIP Project Expense	-	-	-	0%	(37,396)
Charity Care	-	-	-	0%	1,062,933
Member Payment to CCC ⁽²⁾	11,210,000	35,420,000	34,000,000	104%	23,200,000
Medical Administration	51,440	617,275	719,990	86%	617,275
Subtotal Provider Costs	11,775,466	37,165,024	35,510,334	105%	25,820,330
Service Expansion Funds					
Sexual & Reproductive Health	(21,382)	759,100	1,080,000	70%	-
New Initiatives ⁽³⁾	157,500	157,500	1,400,000	0%	-
Other Service Expansion	-	-	2,000,000	0%	-
Subtotal Service Expansion Funds	136,118	916,600	4,480,000	0%	-

Preliminary

⁽¹⁾ Budget includes allocated portion of the contingency reserve appropriation, for IGT timing differences.

⁽²⁾ Final contributions will be subject to provisions of the MSA, which requires the parties to collaborate to adequately fund the CCC, but leaves the amount of funding up to each parties' discretion. Each member contribution could be more or less than the budget, depending upon a variety of factors.

⁽³⁾ Funds appropriated for \$300,000 for possible Pay for Success project and \$420,000 for Integral Care 2019 school based program, paid as a CCC Member Payment.



Healthcare Delivery Expense (continued)
Fiscal Year-to-Date through September 30, 2019
(Excludes Depreciation Expense)

Healthcare Delivery	This Month	Fiscal Year to Date	Fiscal Year Budget	Percent of Budget Used	Prior Fiscal Year to Date
Healthcare Delivery Operating Costs					
Salaries and benefits	307,220	3,722,106	3,818,591	97%	3,922,773
Consulting Services	58,651	142,008	559,590	25%	264,195
Legal Fees	11,543	119,873	51,200	234%	64,288
Other Services and Purchased Goods	450,356	2,677,294	5,164,895	52%	1,880,914
Subtotal HCD Operating Costs	827,770	6,661,281	9,594,276	69%	6,132,170
UMCB Campus Redevelopment					
Salaries and benefits	33,355	355,821	435,293	82%	320,870
Consulting Services	-	79,067	1,685,750	5%	94,985
Legal Fees	28,947	192,908	485,000	40%	124,638
Other Services and Purchased Goods	491,898	4,294,345	8,519,499	50%	1,953,890
Subtotal UMCB Campus Redevelopment	554,200	4,922,141	11,125,542	44%	2,494,383
Other Costs					
ACA Enrollment and Subsidy	433,443	5,356,755	8,916,000	60%	2,438,930
Debt Service	27,203	1,370,089	1,372,818	100%	1,370,528
Subtotal Other Costs	460,646	6,726,844	10,288,818	65%	3,809,458
Reserves and Transfers					
FY2019 Capital reserve		2,840,000	2,840,000		
FY2019 Emergency reserve	-	1,000,000	1,000,000		
FY2019 Sendero Risk Based Capital	-	20,000,000	20,000,000		10,000,000
FY2019 Contingency reserve appropriation			13,374,630		
Subtotal Reserves, Appropriated Uses & Transfers	-	23,840,000	37,214,630	64%	10,000,000
Total Healthcare Delivery	13,754,200	198,190,309	247,343,600	80%	161,342,433

Preliminary



Questions ? Comments ?

DRAFT

Balance Sheet (Assets) – Slide 3

Current Assets

Cash and Cash Equivalents – \$1.0M compared to \$1.6M September 2018

Short-term Investments – Short-term investments were \$96M at month-end, which is net of restricted investments of \$6.0M for capital acquisitions.

Ad Valorem Taxes Receivable – \$1.2M balance is composed of:

Gross Tax Receivables	\$3.6M
Taxable Assessed Valuation Adjustment	0M
Est. Allowance for Doubtful collections	<u>(1.2)M</u>
Total Taxes Receivable	\$1.2M

Other Receivables – Other receivables total \$4.2M and consists of intercompany balances:

- CommUnityCare - \$1.5M
- Sendero - \$1.2M
- Community Care Collaborative - \$1.3M
- Interest and miscellaneous receivables of \$196K

Prepaid Expenses – \$328K balance composed of:

- Prepaid Insurance - \$85K
- TCAD Fees - \$222K
- Prepaid Memberships/Subscriptions - \$15K
- Deposits - \$6K

Total Current Assets – \$103M

Balance Sheet (Assets) – Slide 3 (continued)**Restricted Cash & Investments or Noncurrent**

Investments Restricted for Capital Acquisition – \$6M in short-term securities restricted for capital acquisition.

Sendero Paid-in-Capital – \$71M (unchanged)

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

Sendero Surplus Debenture – \$37.1M (unchanged) (\$20M paid by CH in December 2018)

Restricted TCHD LPPF Cash & Investments - \$12.8M

Capital Assets – \$114M, net of accumulated depreciation

Total Assets – \$347M

Balance Sheet (Liabilities and Net Assets) – Slide 4**Current Liabilities**

Accounts Payable – Major components of the \$3.6M balance are:

- \$2.9M estimated healthcare delivery costs for services incurred but not received.
- \$709K in vendor invoices at month-end.

Balance Sheet (Liabilities and Net Assets) – Slide 4 (continued)

Salaries and Benefits Payable – \$1.45M balance is comprised of the accrued liability for salary costs unpaid at month-end, the value of accrued personal time off and various fringe benefit amounts withheld and not yet paid.

Other Payables – \$92K capital lease obligation related to medical equipment leased at Southeast Health and Wellness Center. (unchanged)

Debt Service Payable, Short-Term – \$1.1M balance is comprised of \$1.065M in Certificates of Obligation Payable and \$27K Interest Payable.

Deferred Tax Revenue - \$22K

Other Deferred Revenue - \$6K remains from funds received from the Sendero donation of \$25k.

Total Current Liabilities – \$6.3M**Restricted or Noncurrent Liabilities**

Due to TCHD LPPF - \$12.8M Receipts from participants in the LPPF.

Debt Service Payable, Long-Term – \$7.3M balance of the \$16M in Series 2011 Certificates of Obligation, reduced by eight payments made to date. This debt was issued for the North Central clinic. Due annually on 3/1.

Deferred Revenue – Long Term - \$1.2M, lease revenue for Block 164 year 2-FY20 and year 3-FY21 from 2033 LLP.

Total Noncurrent Liabilities – \$21M**Total Liabilities** – \$28M

Net Assets

Unrestricted Net Assets – \$206M

Investment in Capital Assets – \$114M

Total Net Assets – \$320M

Total Liabilities and Net Assets – \$348M

Sources and Uses Report – Slide 5

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

Sources – Total \$2.4M for the month

Property Tax Revenue – Net property tax revenue for the month was \$1M. Net revenue includes \$95K current month's collections, less \$13K in adjustments for prior year delinquent taxes, plus the annual adjustment of \$991K tax allowance.

Lease Revenue – \$858K recorded for Seton lease payment, UT ground lease.

Other Revenue – \$196K investment income for the month, an additional \$295K year-end adjustment to investments, \$3.1M YTD, compared to \$1.6M YTD last year.

Uses of Funds – Total \$14.4M for the month

Total Healthcare Delivery Program – Total healthcare delivery expenses were \$198M YTD compared to \$161M YTD thru September 2018.

September 2019 Preliminary Monthly Financial Statements (unaudited)

Page 5 of 6

Administration Program – \$644K in expense for the month, which includes:

- Personnel costs – \$340K
- Consulting services – \$29K
- Legal fees – \$116K
- Other general and administrative – \$159K

Tax Collection Expenses – \$19K for the month.

Excess Sources/(Uses) – \$(12)M in September. Current YTD is \$64M compared to prior year 2018 YTD of \$80M. September is negative due to an \$11M Member Payment to the CCC and low property tax collections at this time of year.

Healthcare Delivery Expense – Slide 6 & 7

Healthcare Delivery Expense – Total \$14M September, \$198M YTD and \$161M September 2018

Intergovernmental Transfers (“IGT’s”) – YTD \$118M compared to \$113M last year.

Provider Costs – Healthcare delivery providers’ expense for September totaled \$11.8M, which includes:

- Primary care – \$514K
- Member Payment to CCC - \$11.2M
- Medical Administration – \$51K

Service Expansion Funds – Sexual & Reproductive Health \$(21)K for the month. New Initiatives included workforce development program for \$158K for the year.

Healthcare Delivery Operating Cost – \$828K in expenses for the month and includes:

- Personnel costs – \$307K
- Consulting Services – \$59K
- Legal Fees - \$12K
- Other services and purchased goods – \$450K



September 2019 Preliminary Monthly Financial Statements (unaudited)

Page 6 of 6

UMCB Campus Redevelopment - \$554K in expense for the month and \$4.9M YTD.

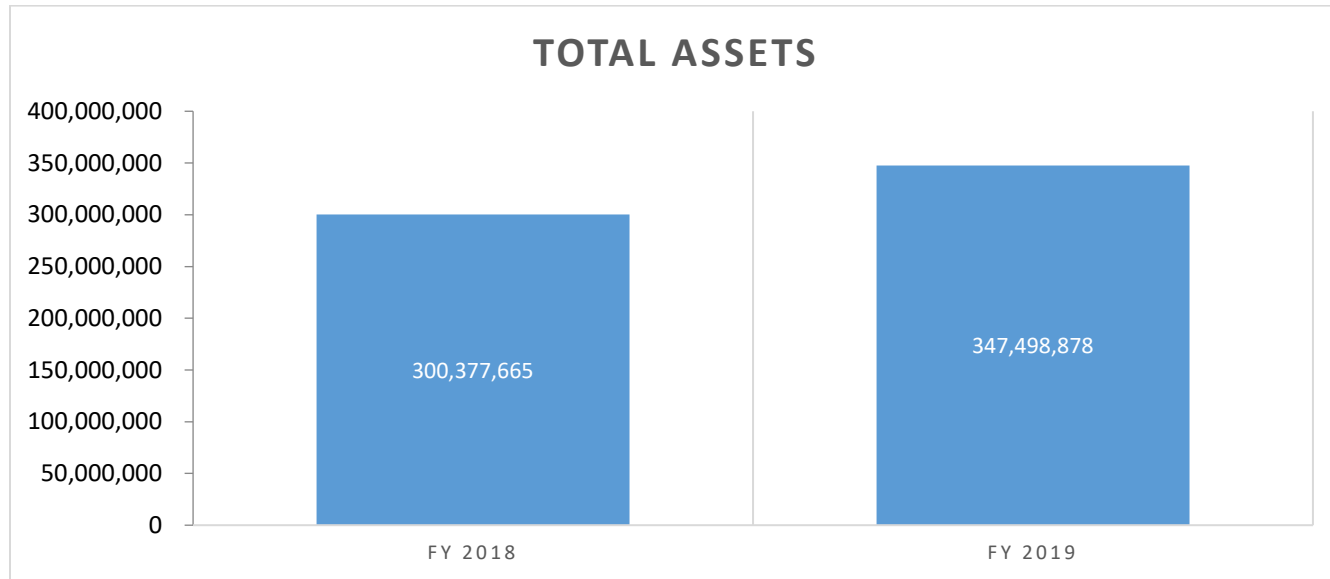
Other Costs – \$461K in expense for the month, which includes:

- ACA Enrollment and Subsidy – \$434K
- Debt Service – \$27K

Total Healthcare Delivery - for the month of September was \$14M.

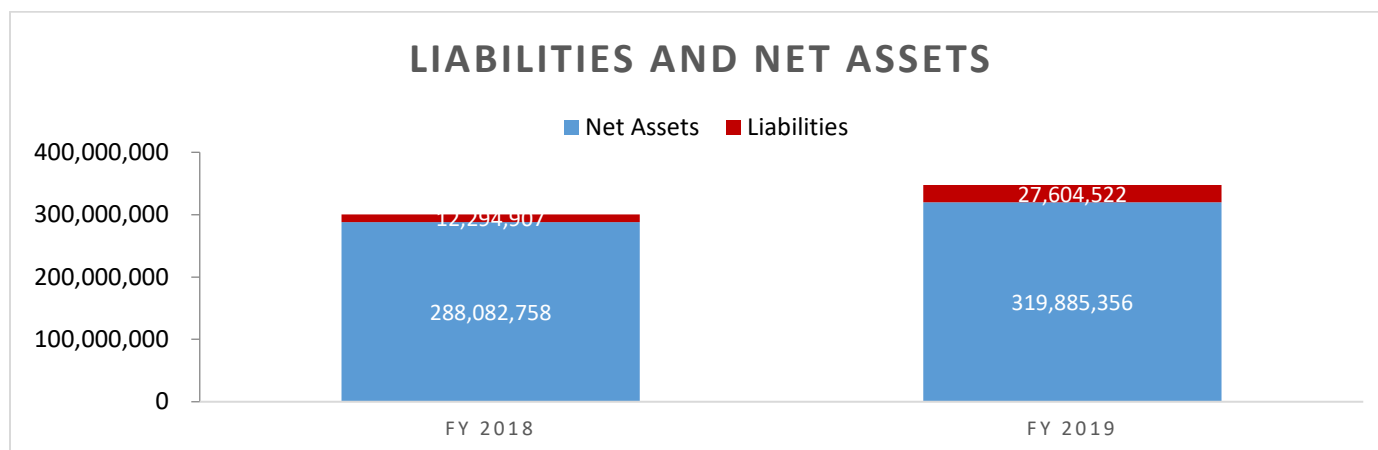
DRAFT

Total Assets (September 30, 2019)



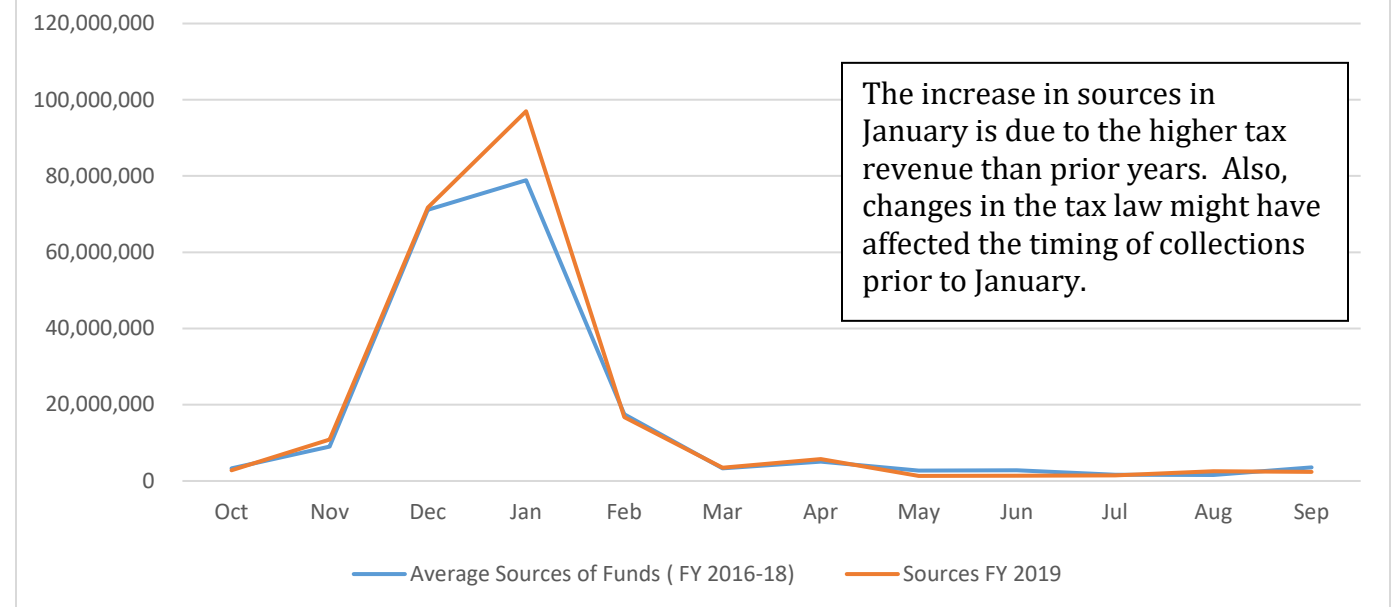
Note: Central Health has a strong cash and short-term investments position. Current assets include cash, investments and accounts receivable which could be converted to cash within one year.

Liabilities and Net Assets (September 30, 2019)



Note: Net assets are equal to total assets minus total liabilities.

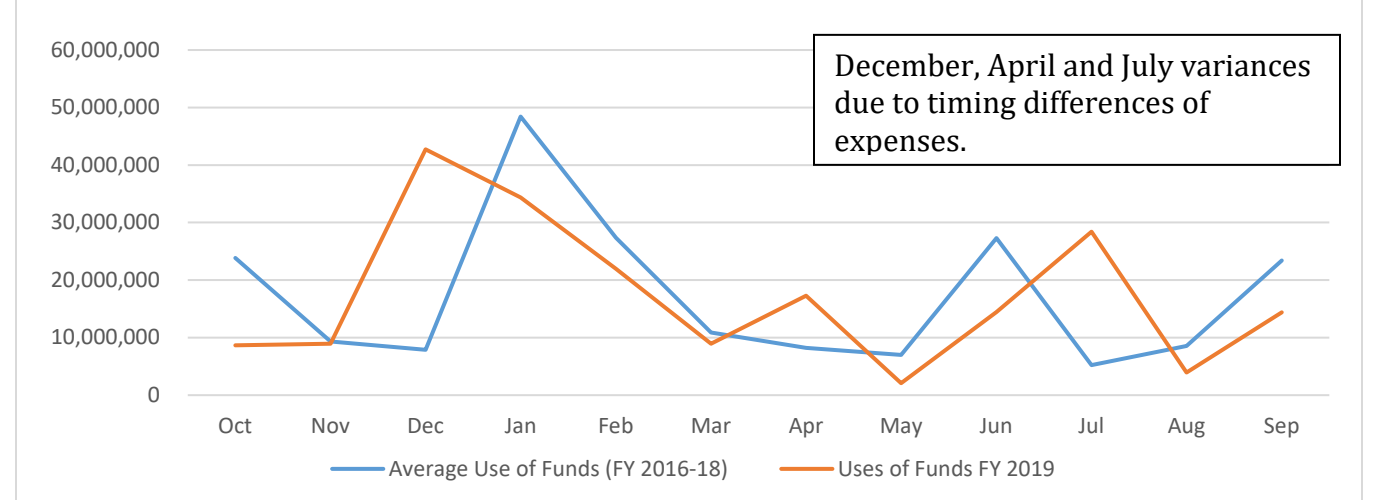
Sources of Funds



FY16-FY18 year-to-date average monthly sources: \$16.7 million

FY19 year-to-date average monthly sources: \$18.1 million

Uses of Funds



FY16-FY18 year-to-date average monthly uses: \$17.3 million

FY19 year-to-date average monthly uses: \$17.2 million



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

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

Our Values

Central Health will achieve excellence through:

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

Innovation - We create solutions to improve healthcare access.

Respect - We honor our relationship with those we serve and those with whom we work.

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

BOARD MEETING

October 30, 2019

REGULAR AGENDA ITEM 8

1. Discuss and take appropriate action to:
 - a. authorize the Central Health President and CEO to execute all documents necessary for Central Health to obtain a capital line of credit from J.P. Morgan Chase; and
 - b. adopt a Board resolution authorizing these finance expenditures and reimbursement of Central Health funds from finance proceeds.



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.

Respect - We honor our relationship with those we serve and those with whom we work.

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

BOARD MEETING

October 30, 2019

REGULAR AGENDA ITEM 9

Discuss an update regarding Sendero Health Plans, Inc., including the effect of federal legislative and regulatory actions.¹



MEMORANDUM

To: Central Health Board of Managers
CC: Mike Geeslin, President and CEO, Central Health
Jeff Knodel, CFO, Central Health
Wesley Durkalski, President and CEO, Sendero Health Plans
Kit Abney-Spelce, Sr. Director Eligibility Services, Central Health
From: Stephanie Lee McDonald, Chief of Staff
Date: October 25, 2019
Re: Agenda item 9: Discuss an update on Sendero Health Plans, Inc. - INFORMATIONAL ITEM

Overview

This memo highlights activities to reenroll current Central Health premium Assistance Program Expansion (CHAP Expansion) participants and recruit additional members for Calendar Year (CY) 2020. Working with Sendero Health Plans, Central Health is leading simultaneous efforts to both the existing CHAP Expansion members as well as recruit new members for CY 2020. Total membership goal for CY 2020 is 500 CHAP Expansion members with appropriate risk scores.

Synopsis

Current 2019 Members

Central Health Eligibility Services and Sendero Health Plans worked collaboratively to draft communication to current CHAP Expansion members asking them to verify Travis County residency and income to continue their coverage. Sendero Community Health Workers and Case Managers then reached out to their assigned CHAP Expansion members to follow up on written communication from Central Health requesting the member verify eligibility to reenroll or let us know if they are not re-enrolling. Additional efforts to reach members with claims, but who have not responded to date, continue. Below is the detail of the 201 members currently enrolled the CHAP Expansion program:

Table with 3 columns: Category, Count, and empty cell. Rows include Total Renewal Population (201), Desire to Re-Enroll (154), Renewed (90), Renewal-incomplete (64), Not Re-Enrolling (14), Medicare Enrolled (8), Expired (4), Ineligible- Out of County (1), Returning to MAP (1), Not Contacted (33), and Unable to locate-no claims in 2019 (4).



Unable to locate-1 claim in 2019	1	
Unable to locate-active claims	22	

New 2020 Members

Central Health data and analytics team originally identified:

- 372 people with Risk Scores of 15 or greater
- 382 people with Risk Scores of 10-14.9

Additional criteria include:

- Enrollment in MAP or MAP BASIC in the past year
- Not eligible for Medicaid or Medicare*
**evaluating CHAP Expansion eligibility based on Medicare eligibility*
- Current medical diagnosis is chronic

New CHAP Expansion	Cohort 1 Risk Score >10
MAP /MAP BASIC	381
MAP/MAP BASIC-H	131
Total Active	512
MAP/ MAP BASIC	142
MAP/MAP BASIC-H	100
Total Inactive	242
Total Population	754

The chart below details the targeted MAP and MAP BASIC members and response from outreach efforts led by the Central Health Eligibility Services team. Outreach efforts to the current MAP and MAP BASIC populations eligible for CHAP Expansion continue.

New Members Enrolled	Number	Avg Risk Score
Homeless	8	15.44
Non-Homeless	70	17.11
Total Enrolled	78	16.97

Outreach Efforts	
Mailed	370
Returned	19
Phone Outreach	
Total Clients Contacted	131
Transferred to Sendero	62



Will Call Sendero Directly	40
Ineligible/ Does not want to enroll	24
Blank	5
Total Contact Attempts Made	286
1st attempt	283
2nd attempt	3
3rd attempt	0
Total Needing Contact Attempt	273
Active -need contact	81
Expired - need contact	192
No Phone Number / Wrong Number/Disconnected	86
Unable to Contact-Active	42
Unable to Contact-Inactive	44

All 754 MAP and MAP BASIC members identified eligible for the 2020 CHAP Expansion program have been flagged in the eligibility database so staff can educate members as they come in to renew their coverage.

Additional analysis also continues to ensure that the maximum number of high risk MAP and MAP Basic members who are eligible for the program are reached. This includes further analysis on the MAP Homeless population as well as coordination with CommUnityCare to contact patients currently served by a CommUnityCare case manager or at the Care Connections clinic.

Financial Impact

Central Health Board of Managers approved funding for continuing the CHAP Expansion program for approximately 500 people in adopting the Fiscal Year 2020 budget on September 18, 2019.

Action Requested

This is an informational item and no action is required. Open enrollment begins November 1 and closes December 15, 2019. Additional updates will be provided for the Board of Managers through the close of open enrollment.



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.

Respect - We honor our relationship with those we serve and those with whom we work.

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

BOARD MEETING

October 30, 2019

REGULAR AGENDA ITEM 10

Receive and discuss a report from the President & CEO on Central Health operations and current activities, including: (a) the Fiscal Year 2019 strategic work plan and operational priorities; (b) an assessment of systems and processes; and (c) other personnel matters.¹



MEMORANDUM

To: Central Health Board of Managers

From: Mike Geeslin, President & CEO

Date: October 30, 2019

RE: Agenda item 10 – Receive and discuss a report from the President & CEO on Central Health operations and current activities, including: (a) the Fiscal Year 2019 strategic work plan and operational priorities; (b) an assessment of systems and processes; and (c) other personnel matters.¹ (*Informational Item*)

Overview:

This report highlights organizational changes, business processes, and key projects. Also included are current workforce demographic and salary information previously requested by Managers.

Organizational Changes

1. Functional Organization Chart (see attached organizational chart)
2. Five Key Changes
 - Health Care Delivery Division (Formerly CCC)
 - VP Enterprise Alignment and Coordination
 - Deputy Administrator/ VP Governance (includes Government Relations)
 - Chief Medical Officer
3. Approach

Synopsis: Organizational changes are based on functionality and the need to focus more resources on operational effectiveness.

 - The organization will work on better aligning resources and implementing more disciplined business processes over the next 18 to 24 months. Additionally, the formation of an operational division, which would house and coordinate all the Enterprise-wide operations, should be evaluated.
4. Enterprise coordination and support by Central Health
 - Convene standing meetings with multiple Enterprise Executives to establish teams and work plans.
 - Use of small, focused teams at a tactical level to ensure alignment of people, time, money, and work objectives

Business Processes

1. Working Group Composition – (see attached organizational and process charts)
2. Central Health Working Groups Function

- Platform Group - Responsible for enforcing strategic direction, and ensuring that allocation of human and financial capital is consistent with organizational objectives.
 - Finance and Operations Team - Finance and Operations is responsible for overseeing planning, day-to-day operations, and alignment of financing and operations to support platform leaders. Subject Matter Experts will be included as required by project or organizational impact.
 - External Affairs Team - External Affairs is responsible for assessing opportunities and risks at it relates to awareness and reputational capital, and developing support for platform leaders to manage all external facing aspects of strategic plan objectives.
3. Central Health Board, Board Committees, and individual members are sources of solutions in response to specific problems. These solutions might come in the form of ideas or, in the case of the full Board, directives to management. In accordance with the FY 2019 budget resolution, any decisions by the Board to move forward on specific solutions will be predicated on the development of business plans.

Workforce (see attached information)

1. FTE Counts for Enterprise CH+CCC, CUC, Sendero
2. Workforce Demographics by Gender, Race/Ethnicity
3. Training Information – Funding available
4. Presentation of salary data, totals and averages (suggestions, below)

New: Inclusion and Equity in the Workplace – CEO’s Project Team

This workgroup will provide the framework for having conversations within the Enterprise about diversity and inclusion as part of our culture. As part of this conversation, we will also begin the bold conversations needed to address health equities within our community. The group currently includes 15 staff members across the organization from different backgrounds (age, race, gender, religion, etc.) who have agreed to volunteer their time to participate in this workgroup. This first meeting will take place in mid-November, with the intent to discuss the purpose and goals, identify inaugural discussion navigators, and an update on emerging employee culture projects. After the first meeting, all 15 attendees will be required to participate in trainings and participate in setting goals and standards for the group.

Next Steps:

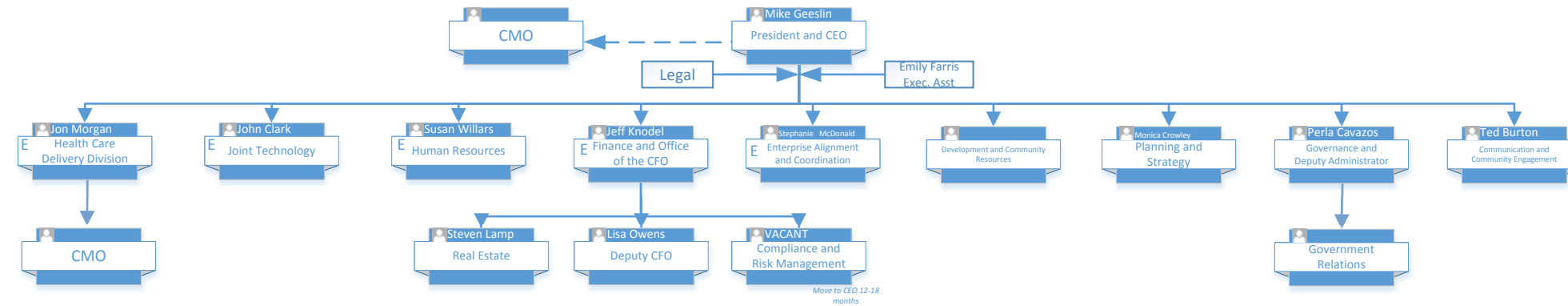
The Board of Managers will receive regular reports on the following items which were included in the Fiscal Year 2020 Budget resolution:

- Central Health Premium Assistance Program Expansion
- Access 2 Care including 12 month MAP eligibility periods and specialty care
- Central Health - Ascension Seton Payment Model
- Eastern Travis County Expansion focused on the priority areas of Colony Park, Hornsby Bend, and South East Travis County
- Financial Reserves
- Brackenridge Campus
- Electronic Health Record

Development of revised organizational dashboards is slated for the December 2019 Strategic Planning Committee Meeting.

Central Health Executive Group

E denotes Enterprise function



Strategic Plan Objectives & Operational Priorities
 Convener: CEO Deputy Conveners: Finance, Strategy

PLATFORM LEADERS

<p>Plan Objective</p> <ol style="list-style-type: none"> 1. People and Place 2. Coordinated Patient-centric care 3. Sustainable Financial Model 	<p>Lead(s)</p> <ul style="list-style-type: none"> Enterprise Alignment and Coordination (Acting) Chief Operating Officer, HCDD Chief Financial Officer
---	--

Central Health and Enterprise Operations

CFO; Enterprise Alignment and Coordination; Deputy CFO (Finance and Operations Team)

Responsible for enforcing strategic direction, and ensuring that allocation of human and financial capital is consistent with organizational objectives.

Platform leaders are responsible for reporting out on all activities and achievements related to strategic plan objectives including expected timeframes.

TEAMS

Finance and Operations Alignment Team **Lead - CFO**
 CFO Deputy Conveners: Deputy CFO, EAC
 COO HCDD
 Information Technology/Joint Tech
 Human Resources
 Facilities
 Compliance and Risk Management
 Financial Operations/Deputy CFO
 Enterprise Alignment and Coordination
 Platform Lead and External Affairs Liaisons (as needed)

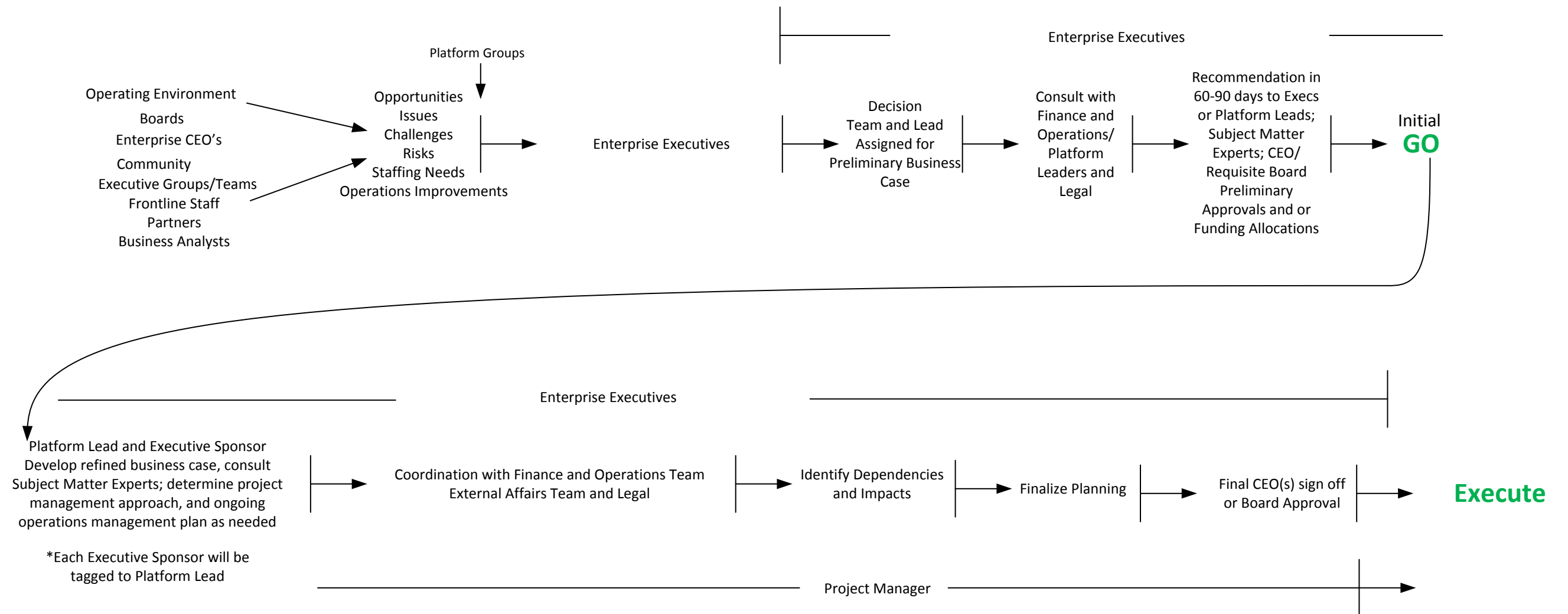
Finance and Operations is responsible for overseeing planning, day-to-day operations, and alignment of financing and operations to support platform leaders. Subject Matter Experts will be included as required by project or organizational impact. The Finance and Operations Team will also notify Governance and Deputy Administrator of matters needing Board Approval.

External Affairs Communications and Community Engagement

Communications and Comm. Engagement
 Government Relations
 EAC (Finance and Operations Team Representative)

External Affairs is responsible for assessing opportunities and risks at it relates to awareness and reputational capital, and developing support for platform leaders to manage all external facing aspects of strategic plan objectives.

External Initiative and Internal Operations Projects
Decision and Execution FLOW – Normal Status





CENTRAL HEALTH

Central Health

Workforce Demographic Information & Compensation Overview

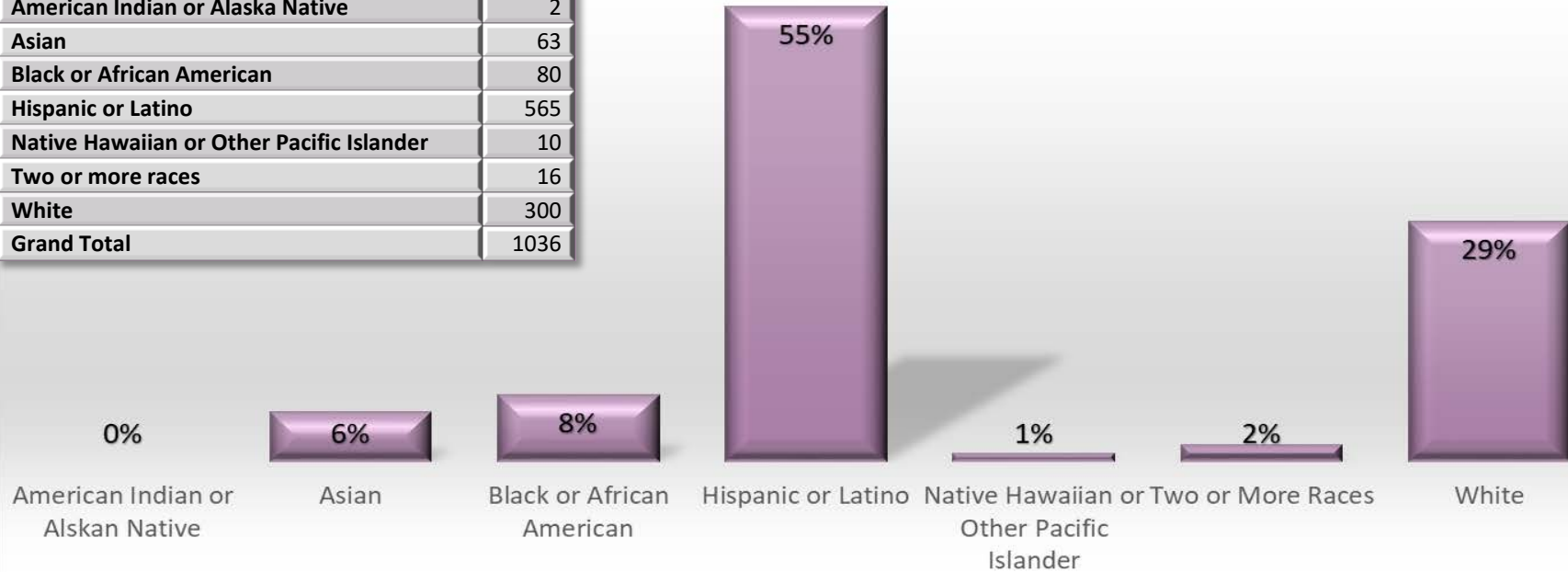
October 30, 2019



Central Health Enterprise Workforce Demographic Information

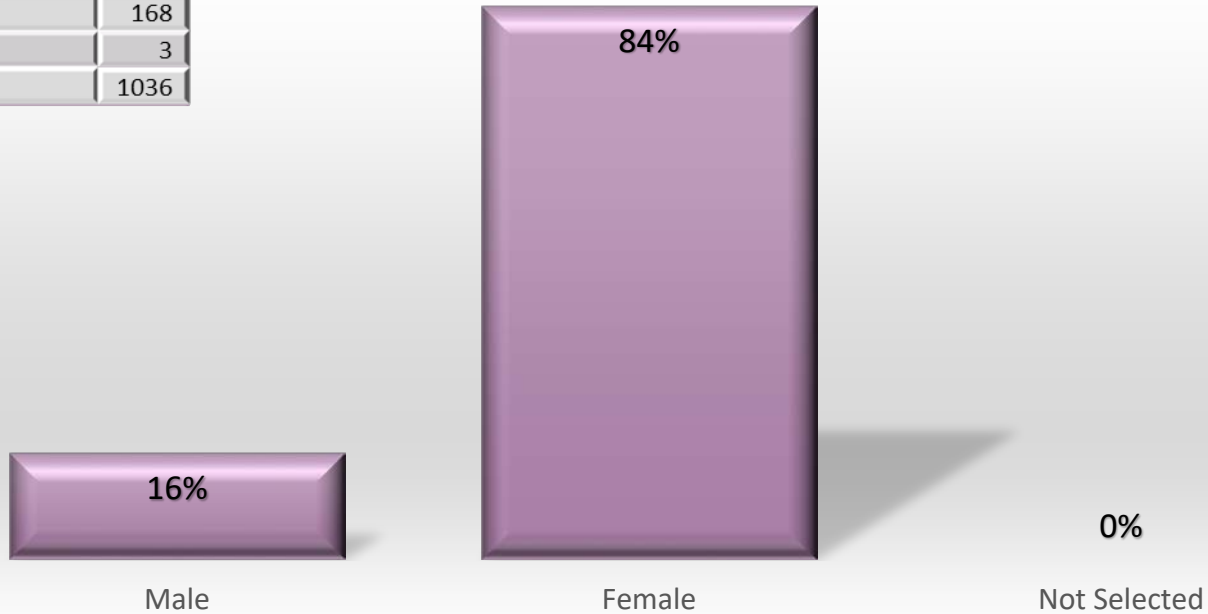
Enterprise Demographic Category Race/Ethnicity

Race/Ethnicity	Total
American Indian or Alaska Native	2
Asian	63
Black or African American	80
Hispanic or Latino	565
Native Hawaiian or Other Pacific Islander	10
Two or more races	16
White	300
Grand Total	1036



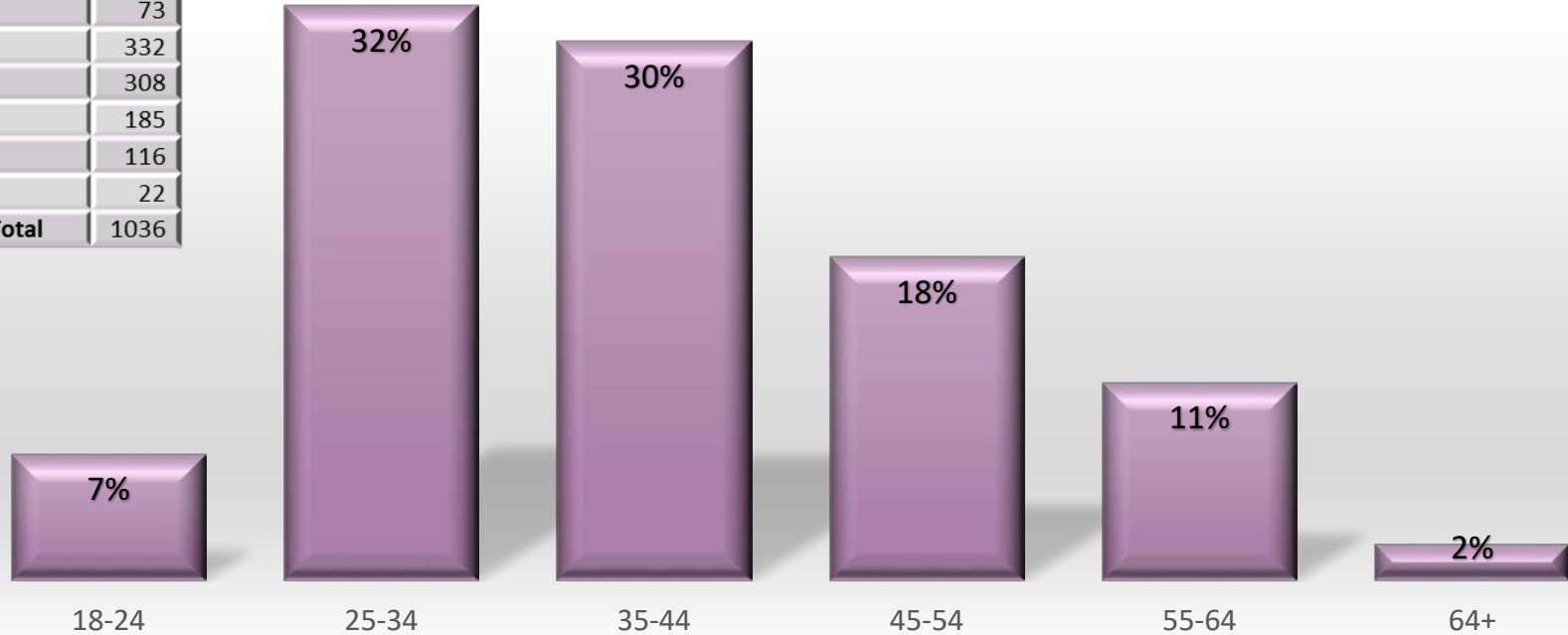
Enterprise Demographic Category Gender

Gender	Total
Female	865
Male	168
Not Selected	3
Grand Total	1036



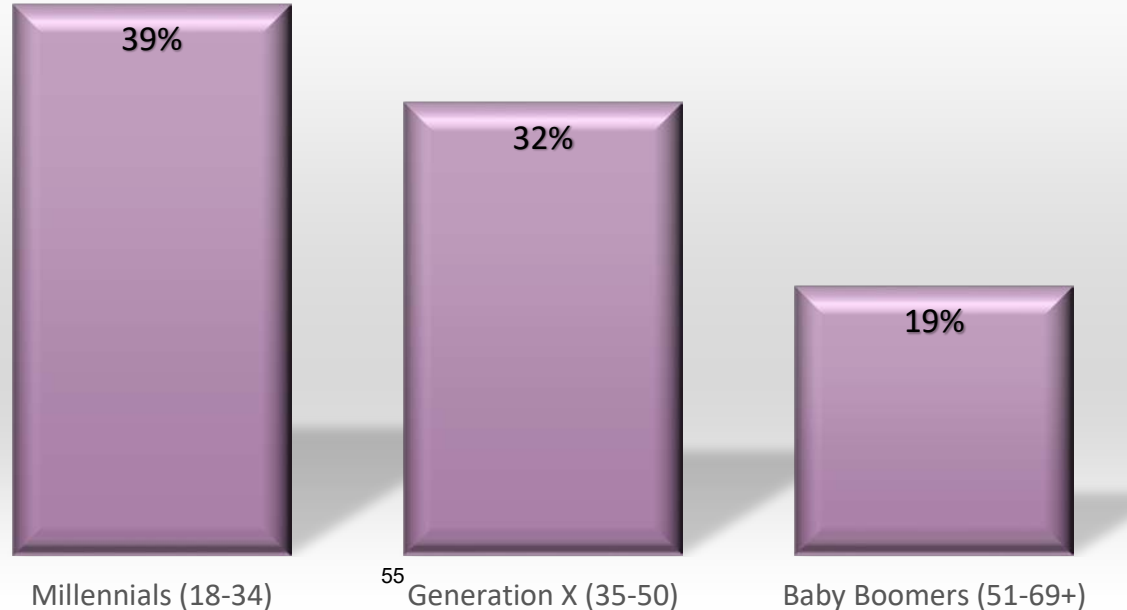
Enterprise Demographic Category Age

Age Range	Total
18-24	73
25-34	332
35-44	308
45-54	185
55-64	116
64+	22
Grand Total	1036



Enterprise Demographic Category Generation Type

Generational Group	Total
Millennials (18-34)	405
Generation X (35-50)	332
Baby Boomers (51-69+)	193
Grand Total	1036

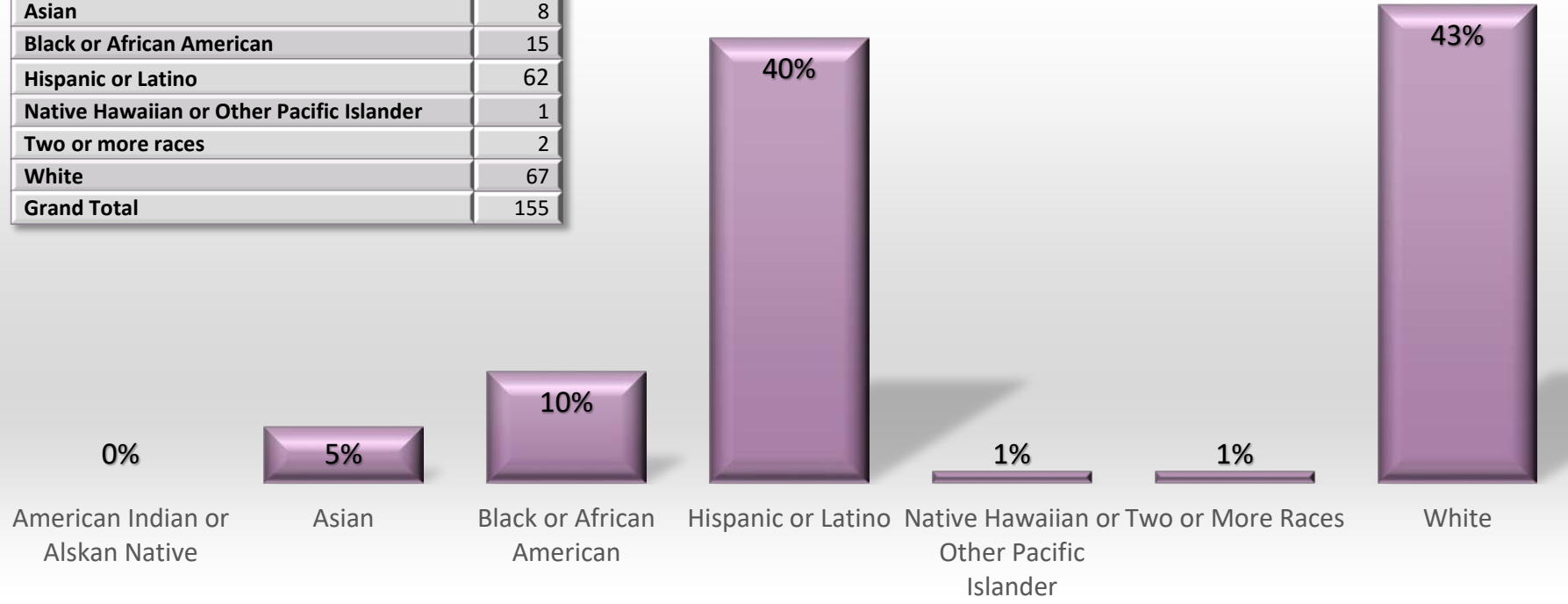


Central Health Proper

Workforce Demographic Information

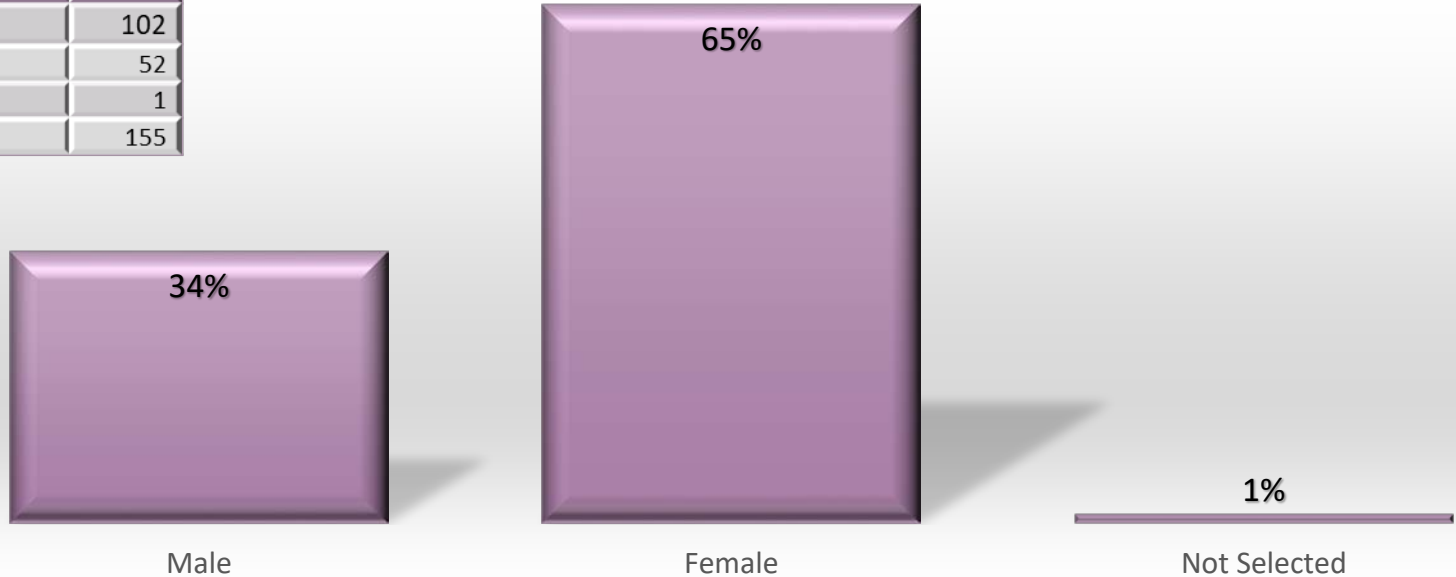
Central Health Demographic Category Race/Ethnicity

Race/Ethnicity	Total
American Indian or Alaska Native	0
Asian	8
Black or African American	15
Hispanic or Latino	62
Native Hawaiian or Other Pacific Islander	1
Two or more races	2
White	67
Grand Total	155



Central Health Demographic Category Gender

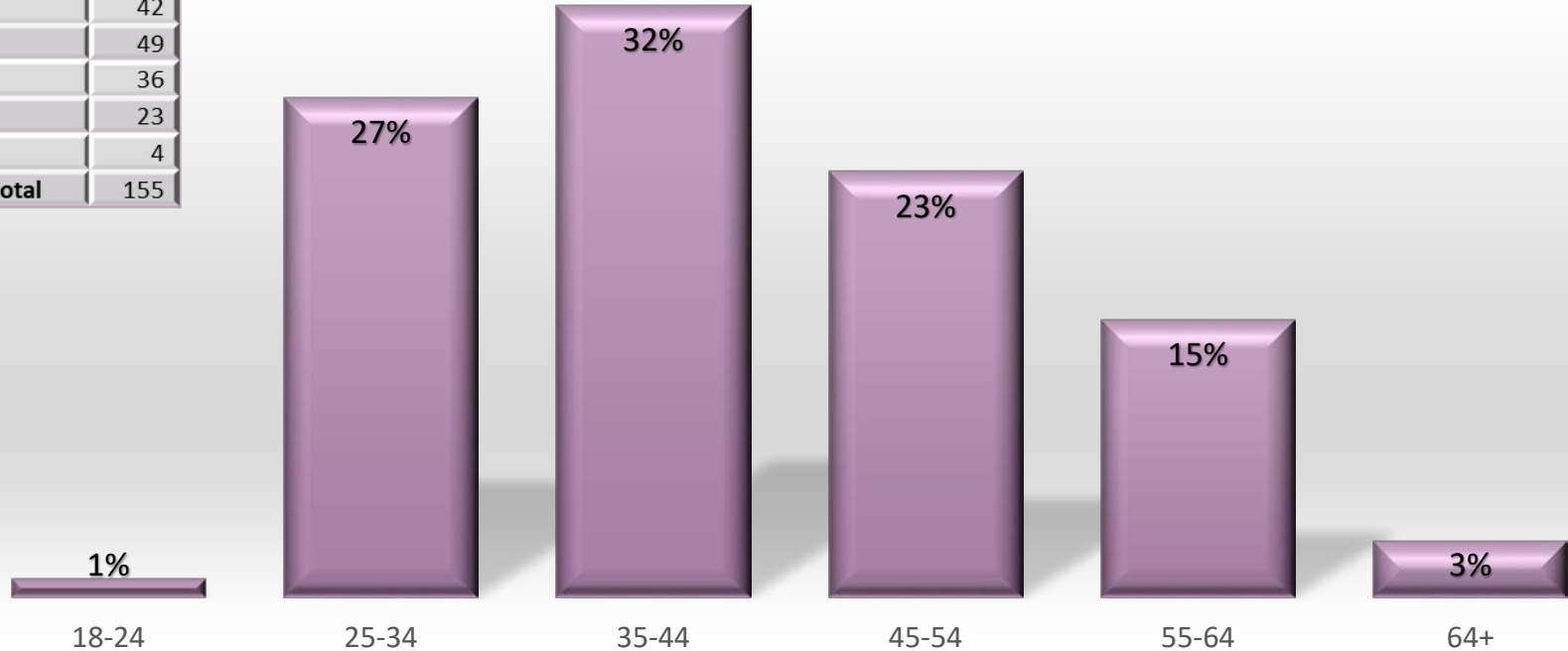
Gender	Total
Female	102
Male	52
Not Selected	1
Grand Total	155



Central Health Demographic Category

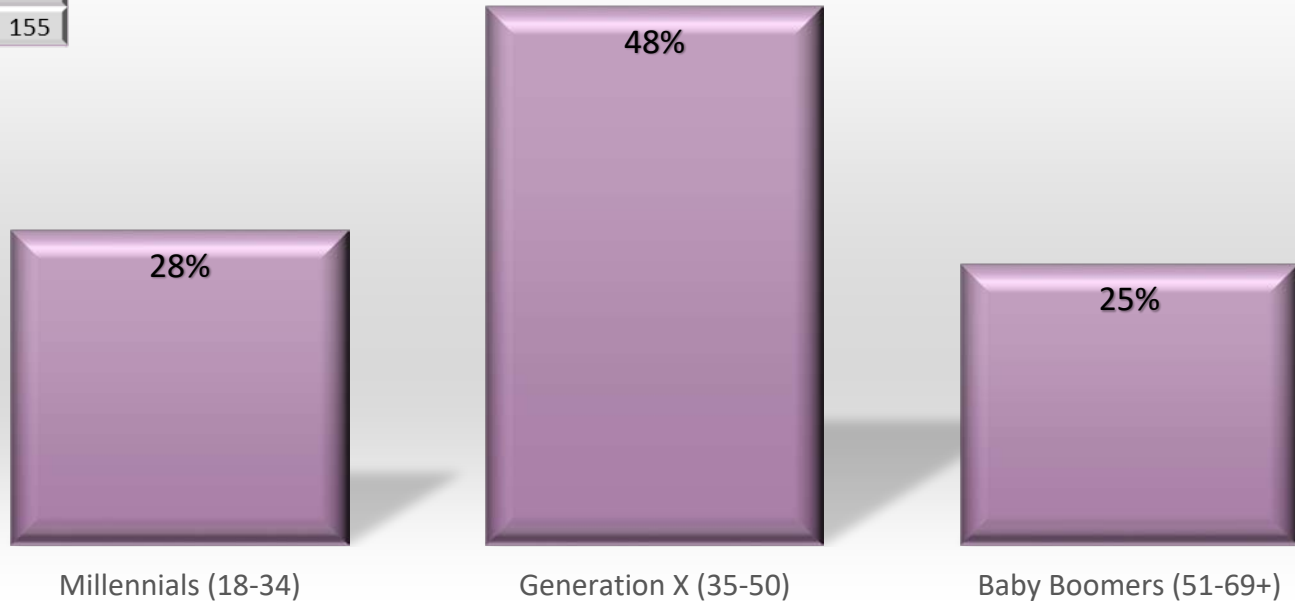
Age

Age Range	Total
18-24	1
25-34	42
35-44	49
45-54	36
55-64	23
64+	4
Grand Total	155



Central Health Demographic Category Generation Type

Generational Group	Total
Millennials (18-34)	43
Generation X (35-50)	74
Baby Boomers (51-69+)	38
Grand Total	155





CENTRAL HEALTH

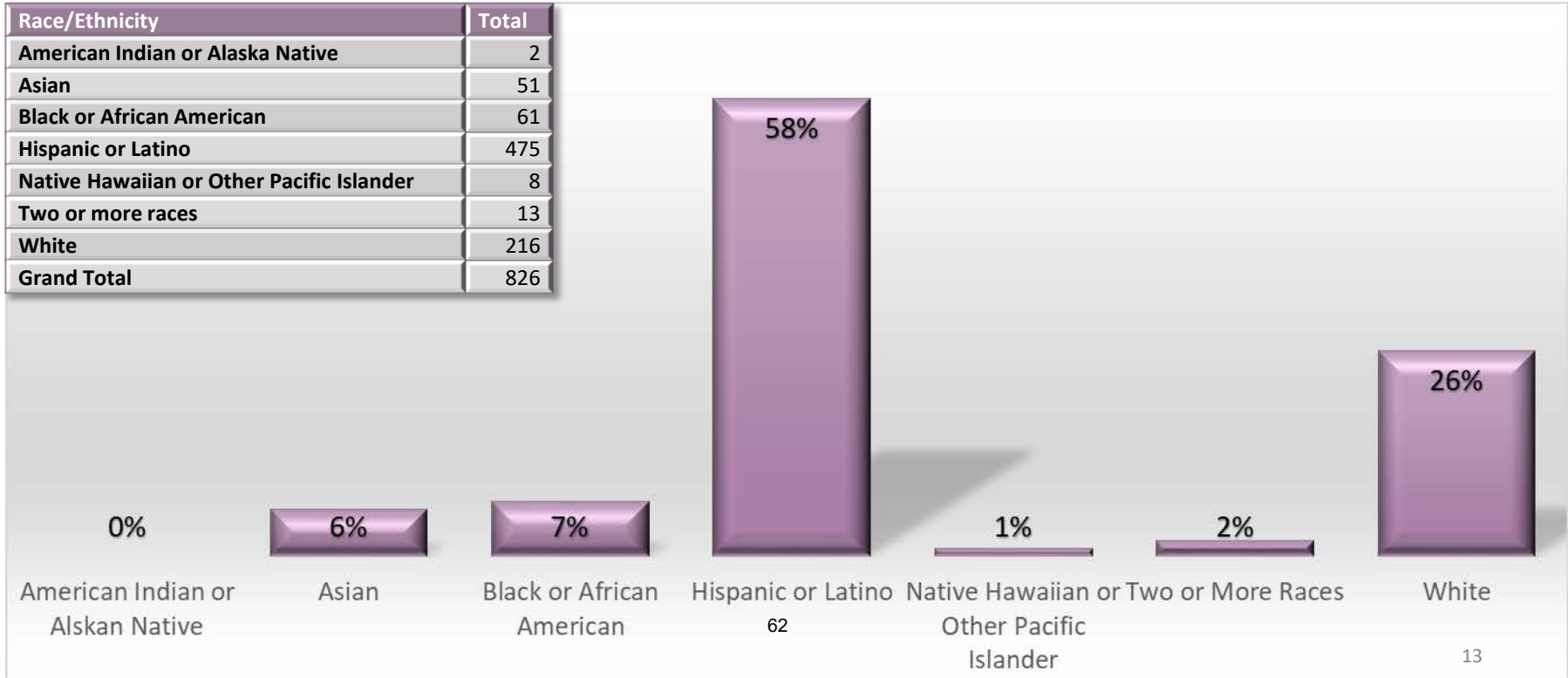
CommUnityCare

Workforce Demographic Data Information



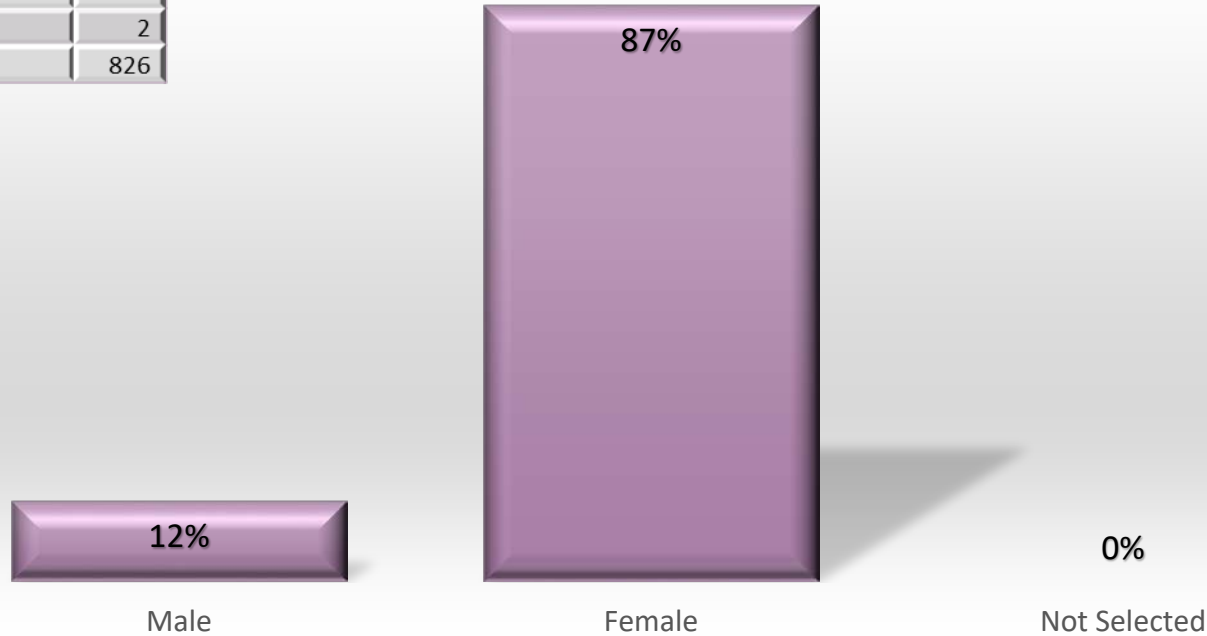
CommUnityCare Demographic Category Race/Ethnicity

Race/Ethnicity	Total
American Indian or Alaska Native	2
Asian	51
Black or African American	61
Hispanic or Latino	475
Native Hawaiian or Other Pacific Islander	8
Two or more races	13
White	216
Grand Total	826



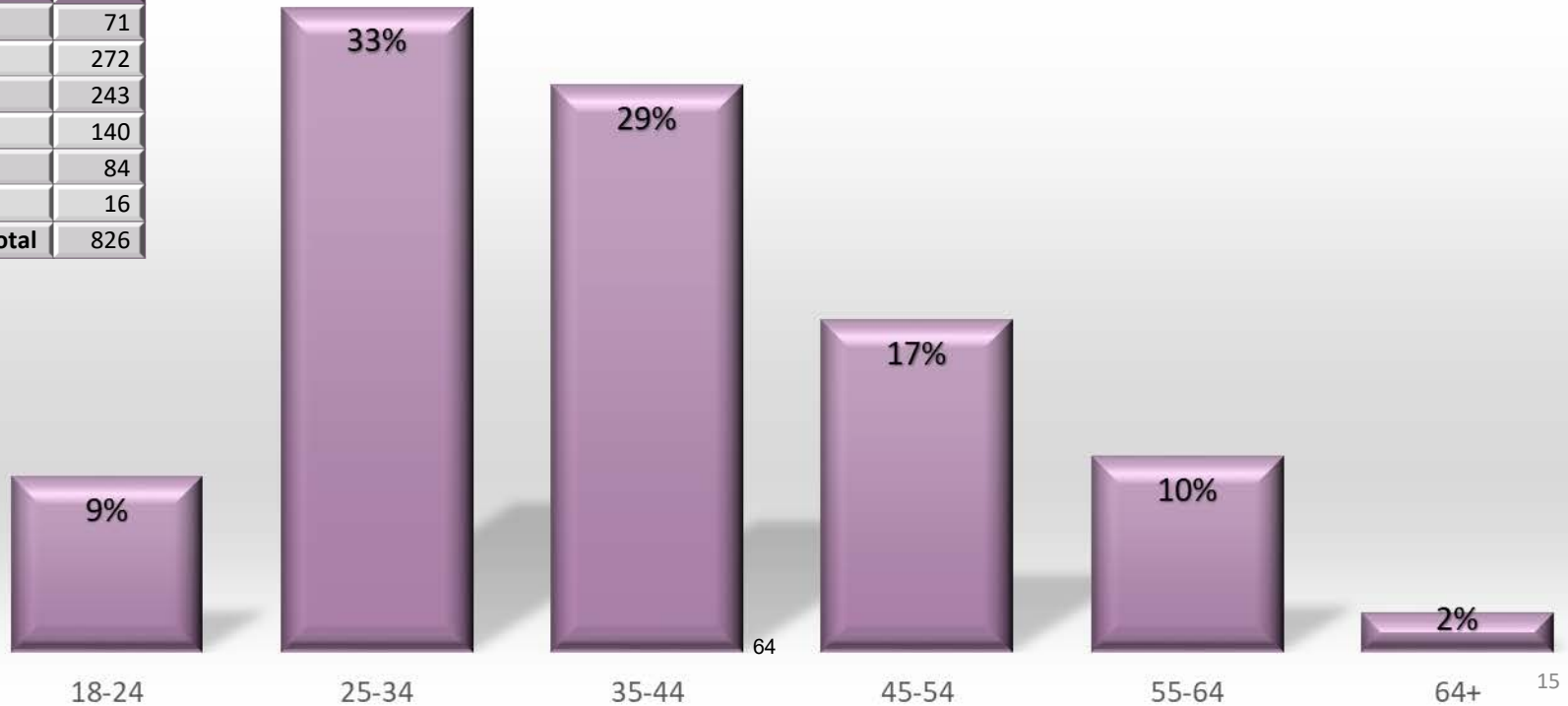
CommUnityCare Demographic Category Gender

Gender	Total
Female	721
Male	103
Not Selected	2
Grand Total	826



CommUnityCare Demographic Category Age

Age Range	Total
18-24	71
25-34	272
35-44	243
45-54	140
55-64	84
64+	16
Grand Total	826

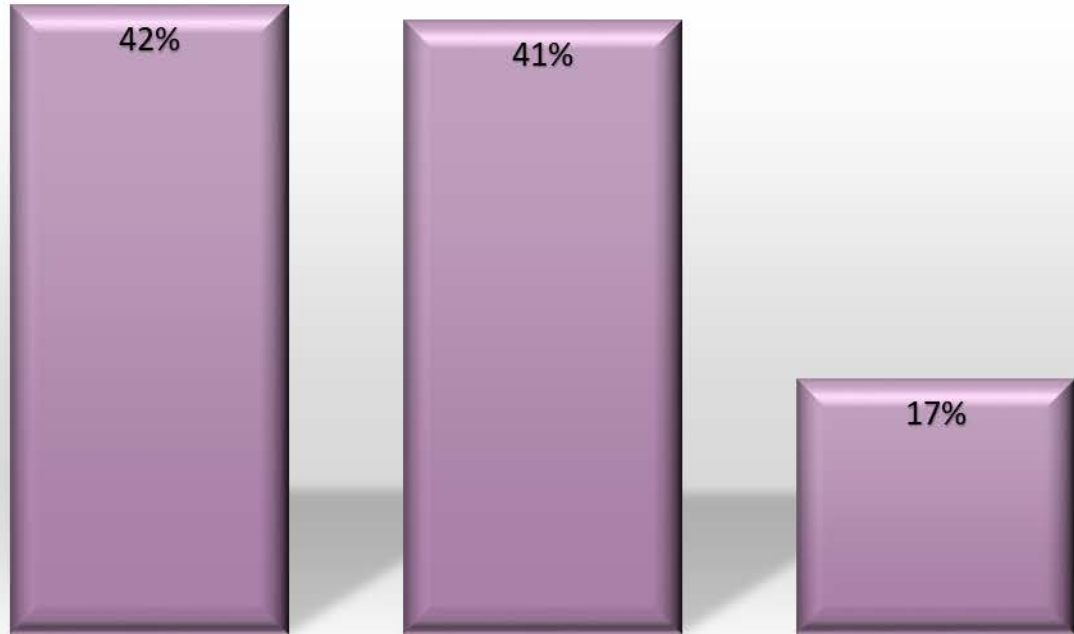


64

15

CommUnityCare Demographic Category Generation Type

Generational Group	Total
Millennials (18-34)	343
Generation X (35-50)	342
Baby Boomers (51-69+)	141
Grand Total	826



Millennials (18-34)

65

Generation X (35-50)

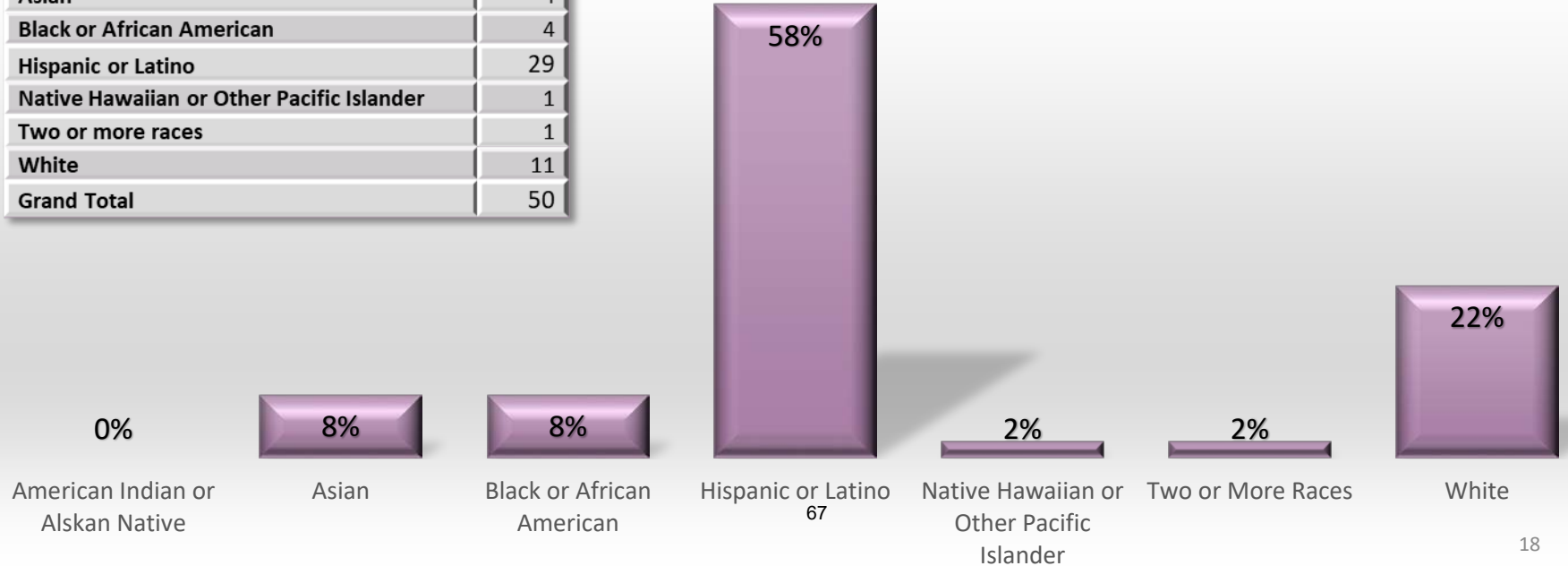
Baby Boomers (51-69+)

Sendero

Workforce Demographic Information

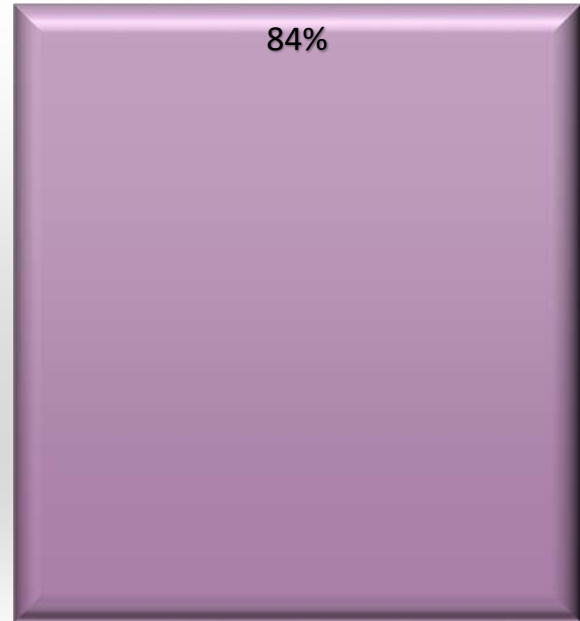
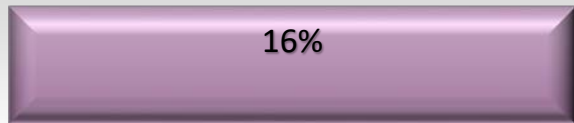
Sendero Demographic Category Race/Ethnicity

Race/Ethnicity	Total
American Indian or Alaska Native	0
Asian	4
Black or African American	4
Hispanic or Latino	29
Native Hawaiian or Other Pacific Islander	1
Two or more races	1
White	11
Grand Total	50



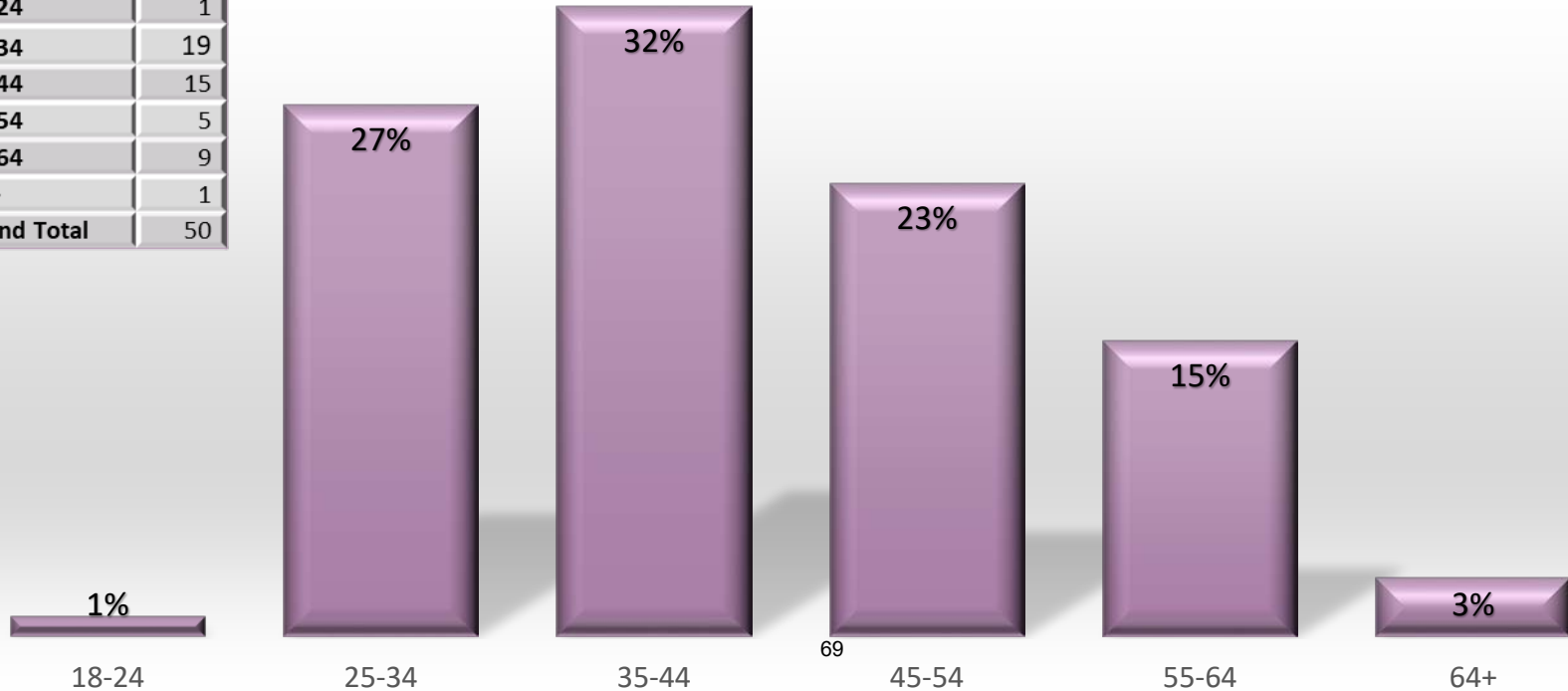
Sendero Demographic Category Gender

Gender	Total
Female	42
Male	8
Not Specified	0
Grand Total	50



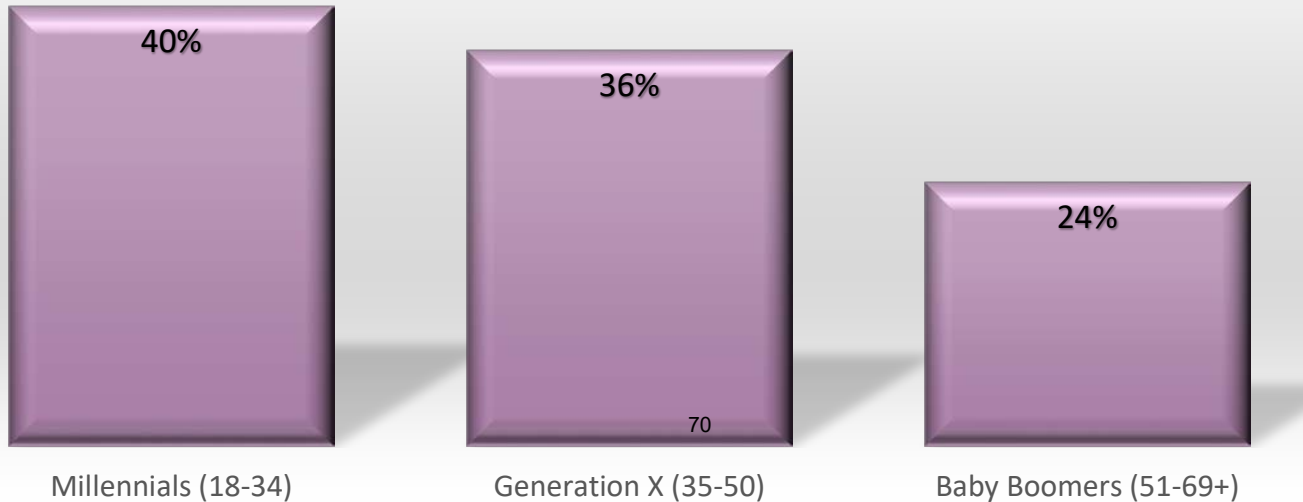
Sendero Demographic Category Age

Age Range	Total
18-24	1
25-34	19
35-44	15
45-54	5
55-64	9
64+	1
Grand Total	50



Sendero Demographic Category Generation Type

Generational Group	Total
Millennials (18-34)	20
Generation X (35-50)	18
Baby Boomers (51-69+)	12
Grand Total	50



Central Health's Compensation Philosophy & Structure

Compensation Philosophy

- Adopted by the Central Health Board in 2007
- 3 Main Points:
 - Pay competitively in our industry labor markets
 - Be equitable both internally and externally
 - Salary program is to be based at the 50th percentile of the industry labor markets



Salary Structures

Currently Central Health has three (3) salary grade structures with a consistent design:

1. Non Exempt
2. Exempt – Non Management
3. Exempt - Management

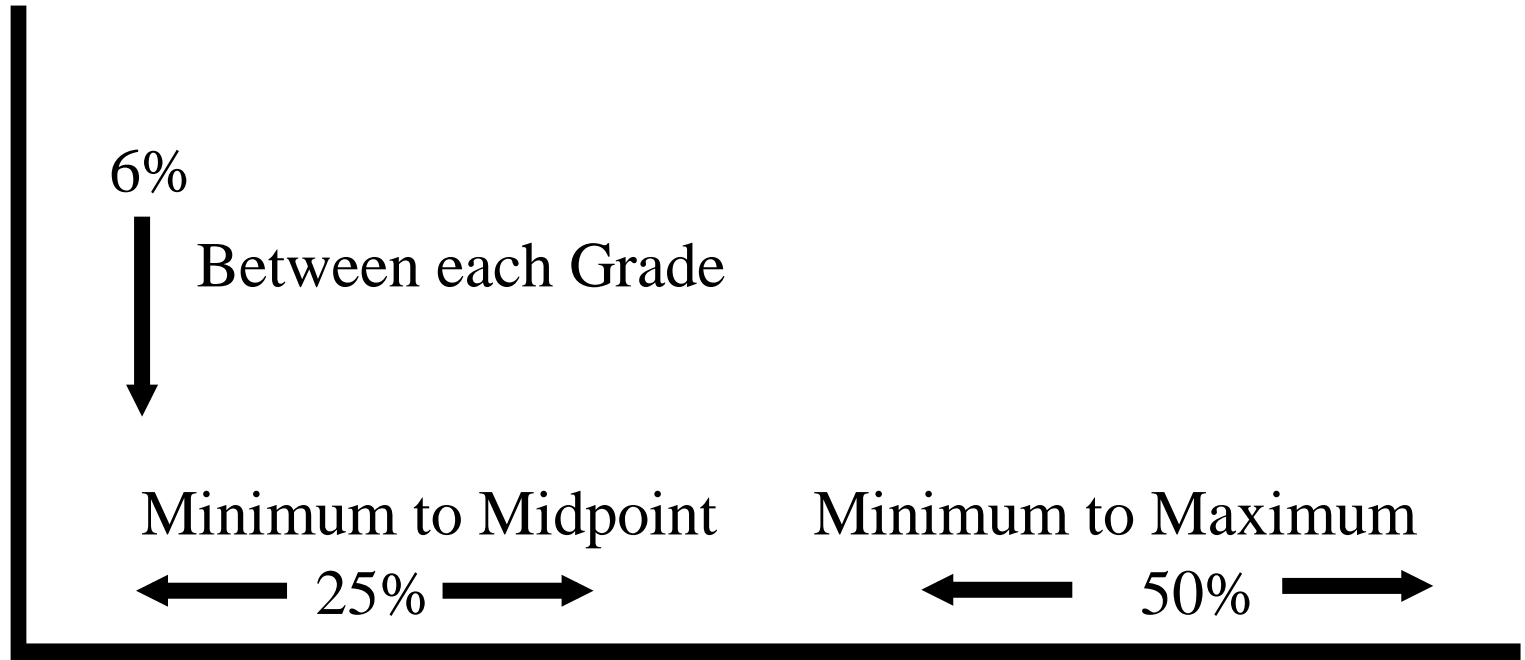


Salary Structure

Non-Exempt, Exempt & Non-Management Scale



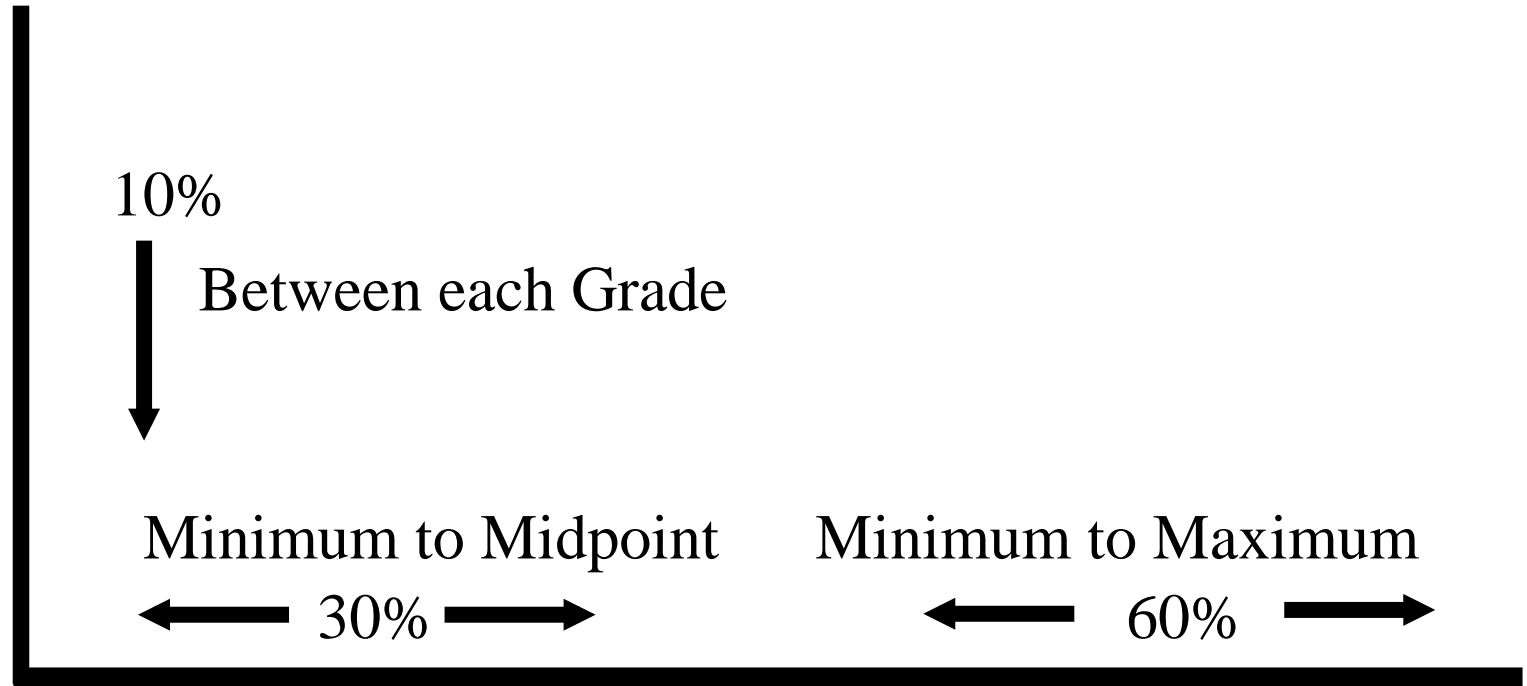
Salary Structures – Non Exempt & Exempt Non-Management



Salary Structure Management Exempt



Salary Structure Exempt Management



Market Study Resources & Position Placement

Market Study – Non Clinical Positions

Since 2012, Central Health proper has utilized the Economic Research Institute (ERI) survey tool.

Parameters selected for CH:

1. Healthcare & Government County/Parish Support, or
2. Not for profit
3. In the Austin Region



Health Care Survey Participants

- AACN
- ACADIA HEALTHCARE CO INC
- ADDUS HOMECARE CORP
- ADVANCED BEHAVIORAL HEALTH INC
- AETNA INC
- AGILITY HEALTH INC
- ALMOST FAMILY INC
- AMEDISYS INC
- AMERICAN BIO MEDICA CORP
- AMERICAN SHARED HOSPITAL SERVICES
- AMN HEALTHCARE SERVICES INC
- ANALOGIC CORP
- ANTHEM INC
- ATHENAHEALTH INC
- BIOBRIDGE GLOBAL
- BIOCEPT INC
- BIOSCRIP INC
- BIOTELEMETRY INC
- BLVD CENTERS CORP
- BROOKDALE SENIOR LIVING INC
- CANCER GENETICS INC
- CAPITAL SENIOR LIVING CORP
- CAREDIX INC
- CATASYS INC
- CENTENE CORP
- CIGNA CORP
- CIVITAS SOLUTIONS INC
- RENNOVA HEALTH INC
- ROYAL OAKS
- SAGINAW CHIPPEWA INDIAN TRIBE
- SHERIDAN MEMORIAL HOSPITAL
- SHOPKO
- STREAMLINE HEALTH SOLUTIONS INC
- SUNLINK HEALTH SYSTEMS INC

- TABULA RASA HEALTHCARE INC
- TEAMHEALTH
- TELADOC HEALTH INC
- TENET HEALTHCARE CORP
- THE CHILDREN'S INN AT NIH
- THE JOINT CORP
- THRESHOLDS
- TIDEWATER MEDICAL CENTER
- TIVITY HEALTH INC
- TMF HEALTH QUALITY INSTITUTE
- TWIST BIOSCIENCE CORP
- UNITEDHEALTH GROUP INC
- UNIVERSAL HEALTH SERVICES INC
- US PHYSICAL THERAPY INC
- VEEVA SYSTEMS INC
- VITUITY
- WHATLEY HEALTH SERVICES, INC.
- WOUND MANAGEMENT TECHNOLOGIES INC
- WSNM
- HCA HEALTHCARE, INC.
- HANGER, INC.
- FIRST CHOICE HEALTHCARE SOLUTIONS
- FUTURE HEALTHCARE OF AMERICA
- FULGENT GENTICS
- FIVE STAR SENIOR LIVING
- HEALTHEQUITY, INC.
- FOUNDATION MEDICINE, INCE.
- GUARDIAN HEALTH, INC
- GENESIS HEALTHCARE, INC
- HEALTH INSURANCE INNOVATIONS, INCE.

- HEALTHSTREAM INC
- HIMAGINE SOLUTIONS
- HOOPER HOLMES INC
- HUMANA INC
- INOGEN
- INTERNATIONAL ISOTOPES INC
- INVITAE CORP
- KINDRED HEALTHCARE INC
- LHC GROUP INC
- LIFEPOINT HEALTH INC
- LIFESTYLE MEDICAL NETWORK INC
- MAGELLAN HEALTH INC
- MEDICAL IMAGING CORP
- MEDIDATA SOLUTIONS INC
- MEDNAX INC
- MEHARRY MEDICAL COLLEGE
- MIRAGEN THERAPEUTICS INC
- MOLINA HEALTHCARE INC
- NANTHEALTH INC
- NATERA INC
- NATIONAL HEALTHCARE CORP
- NATIONAL RESEARCH CORP
- NEURONETICS INC
- NEW YORK BLOOD CENTER
- NEXTGEN HEALTHCARE INC
- NOBILIS HEALTH CORP
- NOVO INTEGRATED SCIENCES INC
- OMNICELL INC
- OMNICOMM SYSTEMS INC
- OPGEN INC
- OPTIMIZERX CORP

Position Placement

- Survey analysis is conducted by HR
- Positions and the current grades are compared to the median of the survey data





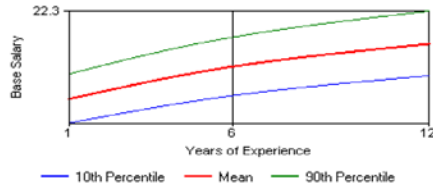
SALARY ASSESSOR®
Individual Position Profile

Administrative Clerk

Specifications

Prepared For: contract
 Area: Austin, Texas
 Industry: Government - County/Parish Support Services
 Industry Codes: eSIC: 9103, NAICS: 921100, usSEC: 9721
 Organization Size: 290,000,000
 Annualized Salary Trend: 2.5% (Adjustment: 0.62%)
 Planning Date: 10/8/2019
 Database as of: 7/1/2019
 eDot: 219362010
 SOC: 439061
 Printout Date: 10/8/2019

Hourly Base Salaries Graph



(Items in bold affect salary estimates)

Estimated Survey Mean Hourly Base Salaries

All Incumbent Average: \$17.59

Years of Experience	10th Percentile	25th Percentile	Mean	75th Percentile	90th Percentile
8	15.79	16.84	18.33	19.56	20.92
1	12.82	13.64	14.85	15.84	16.96

**Central Health's Grade Scale
(Example)**

Rationale	11		\$14.00	\$17.50	\$21.00
DM		Administrative Clerk			
	12		\$14.84	\$18.55	\$22.60
	13		\$15.73	\$19.66	\$23.59

In the example above, a recommendation would be made to move the Administrative Clerk from grade 11 to 12.





Enterprise Salary Data Non-Exempt



Enterprise Salary Data Non-Exempt

Grades 5 – 7

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary	Not Selected	Yrs. Exp.	Avg. Salary
Asian	1	0.9	\$29,120.00						
Black or African American	28	8.9	\$34,817.44	1	9.3	\$36,878.40			
Hispanic or Latino	257	8.8	\$34,370.11	18	9.5	\$34,701.00	1	3.2	\$31,283.20
Two or more races	4	7.1	\$32,606.45						
White	17	11.2	\$36,502.26						
Grand Total	307	8.9	\$34,488.90	19	9.5	\$34,815.60	1	3.2	\$31,283.20



Enterprise Salary Data Non-Exempt

Grades 8 - 11

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
American Indian or Alaskan Native	1	11.4	\$39,104.00			
Asian	6	9.4	\$42,894.00			
Black or African American	8	12.6	\$41,460.22	1	13.5	\$45,168.45
Hispanic or Latino	84	12.7	\$41,911.80	12	13.4	\$44,667.72
Two or more races	3	13.9	\$39,378.70			
White	16	11.0	\$41,264.48	3	13.2	\$47,209.27
Grand Total	118	12.3	\$41,755.16	16	13.4	\$45,175.56



Enterprise Salary Data Non-Exempt

Grades 12 – 16

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Asian	3	5.9	\$46,796.26			
Black or African American	4	10.6	\$55,504.75	2	22.0	\$59,748.00
Hispanic or Latino	36	14.4	\$52,583.44	12	14.7	\$56,863.67
Native Hawaiian or Other Pacific Islander	1	7.9	\$55,848.00			
Two or more races	1	9.6	\$49,296.83			
White	12	8.6	\$58,233.00	6	7.2	\$56,698.76
Grand Total	57	12.3	\$53,672.85	20	13.2	\$57,102.63



Enterprise Salary Data Non-Exempt

Grades 17 – 20

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Asian	3	5.9	\$46,796.26			
Black or African American	4	10.6	\$55,504.75	2	22.0	\$59,748.00
Hispanic or Latino	36	14.4	\$52,583.44	12	14.7	\$56,863.67
Native Hawaiian or Other Pacific Islander	1	7.9	\$55,848.00			
Two or more races	1	9.6	\$49,296.83			
White	12	8.6	\$58,233.00	6	7.2	\$56,698.76
Grand Total	57	12.3	\$53,672.85	20	13.2	\$57,102.63



Enterprise Salary Data Exempt Non-Management

Grades 16 - 21

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Asian	7	9.9	\$68,008.16	1	1.8	\$54,144.22
Black or African American	9	11.7	\$60,501.16			
Hispanic or Latino	38	11.3	\$61,332.29	6	11.2	\$63,323.52
Native Hawaiian or Other Pacific Islander	1	12.6	\$74,272.38	1	10.2	\$77,158.12
Two or more races	1	13.5	\$68,464.76			
White	31	10.7	\$65,579.94	7	8.5	\$63,034.70
Grand Total	87	11.1	\$63,527.70	15	9.3	\$63,499.09



Enterprise Salary Data Exempt Non-Management

Grades 22 - 26

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary	Not Selected	Yrs. Exp.	Avg. Salary
Asian	4	11.6	\$117,419.90	2	9.5	\$93,214.29	1	7.2	\$90,816.96
Black or African American	8	10.5	\$90,033.39						
Hispanic or Latino	13	10.5	\$90,171.90	5	9.7	\$96,090.96			
Two or more races	1	6.8	\$80,461.68	2	8.4	\$90,041.12			
White	32	9.5	\$92,961.07	14	8.8	\$88,905.85			
Grand Total	59	10.0	\$93,403.40	23	9.0	\$90,941.19	1	7.2	\$90,816.96



Enterprise Salary Data Exempt Management

Grades 29 – 33

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
American Indian or Alaskan Native				1	13.8	\$81,451.50
Asian	1	15.3	\$88,500.10			
Black or African American	3	8.8	\$72,598.33			
Hispanic or Latino	13	12.6	\$82,006.60			
White	16	14.2	\$87,884.27	1	10.4	\$81,512.08
Grand Total	33	13.1	\$84,197.86	2	12.1	\$81,481.79



Enterprise Salary Data Exempt Non-Management

Grades 34 – 38

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Asian	8	13.6	\$120,629.44	3	12.8	\$115,754.43
Black or African American	1	10.1	\$110,000.02			
Hispanic or Latino	17	15.6	\$116,321.28	3	13.3	\$107,302.95
Native Hawaiian or Other Pacific Islander	1	20.7	\$152,303.58			
White	23	14.9	\$123,129.64	14	14.2	\$123,683.89
Grand Total	50	14.9	\$120,735.65	20	13.8	\$120,037.33



Enterprise Salary Data Exempt Non-Management

Grades 39 – 43

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Asian	2	21.6	\$194,309.83			
Black or African American	1	11.1	\$180,000.08	1	22.1	\$297,950.38
Hispanic or Latino	4	11.5	\$193,327.03			
Two or more races				1	8.3	\$174,999.76
White	6	12.4	\$184,244.23	7	12.5	\$215,450.60
Grand Total	13	13.4	\$188,261.02	9	13.1	\$220,122.70





CENTRAL HEALTH

Central Health Proper

Salary Data for Non-Exempt, Exempt Non-Management & Management



Central Health Salary Data Non-Exempt Information

**All non-exempt grades combined

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Asian				1	12.9	\$71,131.01
Black or African American	2	11.2	\$69,388.80	2	12.1	\$55,817.43
Hispanic or Latino	26	12.6	\$47,991.06	10	14.5	\$54,874.65
Two or more races	1	9.6	\$49,296.83			
White	5	9.2	\$60,173.36	7	8.1	\$58,782.02
Grand Total	34	12.0	\$51,079.67	20	11.9	\$57,149.32



Central Health Salary Data Exempt-Non Management

Grades 18 – 20:

Males Absent in the Following Data Set Due to Low Representation

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary
Black or African American	3	8.3	\$62,081.24
Hispanic or Latino	2	8.6	\$64,657.19
White	4	10.5	\$60,660.67
Grand Total	9	9.4	\$62,022.31



Central Health Salary Data Management

Grades 21 – 23

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Asian						
Black or African American	3	9.1	\$87,305.40			
Hispanic or Latino	8	10.2	\$78,235.40	2	7.1	\$83,229.25
Native Hawaiian or Other Pacific Islander				1	10.2	\$77,158.12
Two or more races				1	8.7	\$90,000.04
White	11	8.1	\$77,839.15	4	8.5	\$80,485.80
Grand Total	23	9.0	\$79,629.92	8	8.4	\$81,944.98



Central Health Exempt-Non Management Salary Data

Grades 24 – 26

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary	Not Selected	Yrs. Exp.	Avg. Salary
Asian	1	10.5	\$96,204.16	1	6.5	\$94,818.10	1	7.2	\$90,816.56
Black or African American	2	9.5	\$94,102.32						
Hispanic or Latino				1	8.5	\$116,407.20			
White	5	8.9	\$105,483.25	5	9.9	\$103,446.04			
Grand Total	8	9.2	\$101,478.13	7	9.2	\$104,065.07	1	7.2	\$90,816.56



Central Health Salary Data Exempt Management

Grades 31 through 35

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Asian	1	2.5	\$105,000.22			
Black or African American	2	10.2	\$92,756.82			
Hispanic or Latino	8	18.6	\$100,893.81	1	12.8	\$89,367.98
White	4	11.4	\$106,567.83	4	14.0	\$101,678.66
Grand Total	15	14.5	\$101,595.71	5	13.8	\$99,216.52



Central Health Salary Data Exempt Management

Grades 36 through 39, 42 & 43

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Asian	2	11.5	\$142,610.78			
Black or African American				1	22.1	\$297,950.38
Hispanic or Latino	3	10.8	\$175,786.00	1	11.8	\$121,539.86
White	8	12.5	\$154,998.55	9	11.6	\$182,371.51
Grand Total	13	12.0	\$157,889.84	11	12.6	\$187,348.53

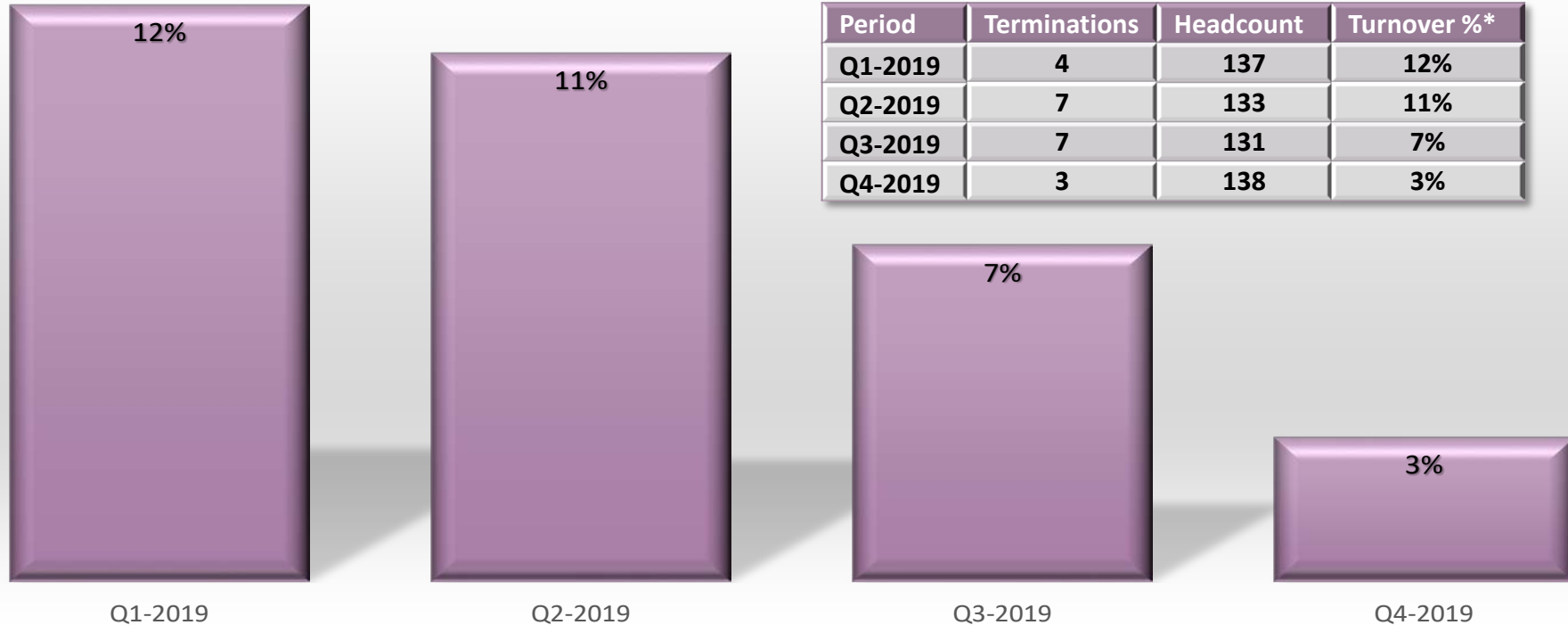


Central Health

Turnover Information

Fiscal Year 2019

Central Health Turnover Data



101

*Turnover for all four 2019 quarters has been annualized. The equation is $(\text{terminations}/\text{headcount}) * (12 \text{ months}/\# \text{ of months in calculation})$. 52

Reasons for departure:

Reason for Termination	Number of Employees
Did not return from a leave of absence	2
Returned to school	1
Retired	1
Involuntary terminations 1 Performance 2 Policy Violations	3
Personal	2
Found other employment	12





CENTRAL HEALTH



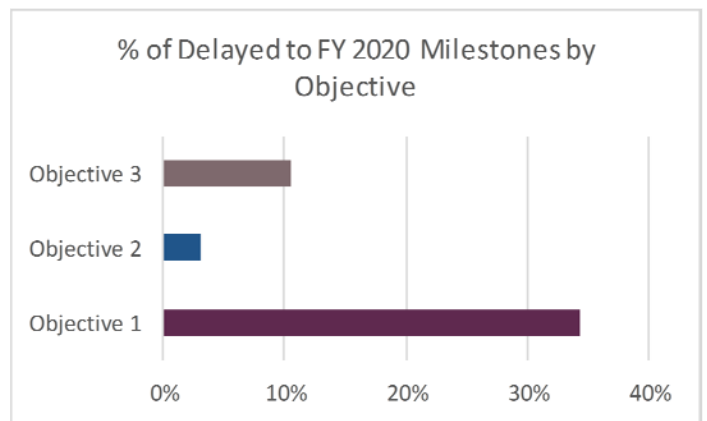
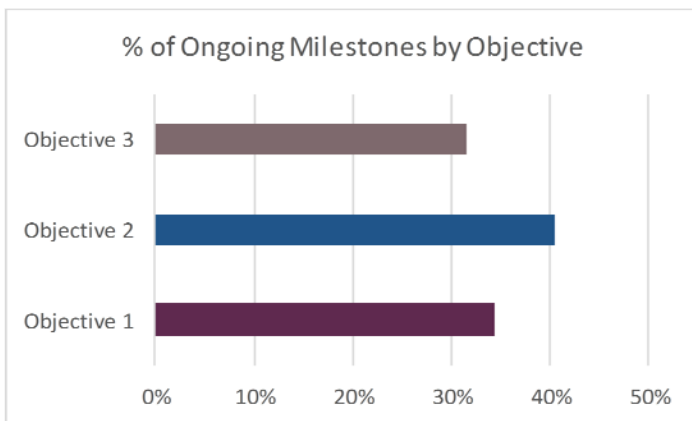
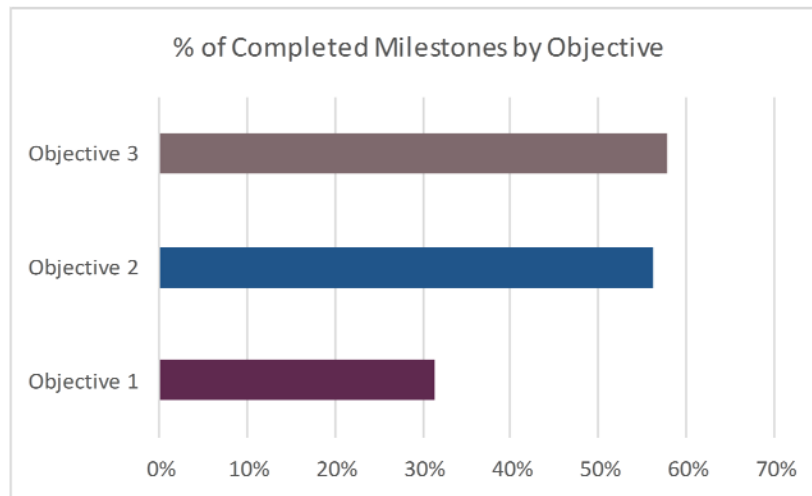
CENTRALHEALTH.NET



@CentralHealthTX



Central Health Milestones Progress by Objective



Notes:

- ◆ “Completed” is a status indicating the milestone has been achieved.
- ◆ “Ongoing” is a status indicating the milestone is still in progress.
- ◆ “Delayed” is a status indicating the milestone is postponed to FY 2020.

OBJECTIVE 1

OBJECTIVE 2

OBJECTIVE 3

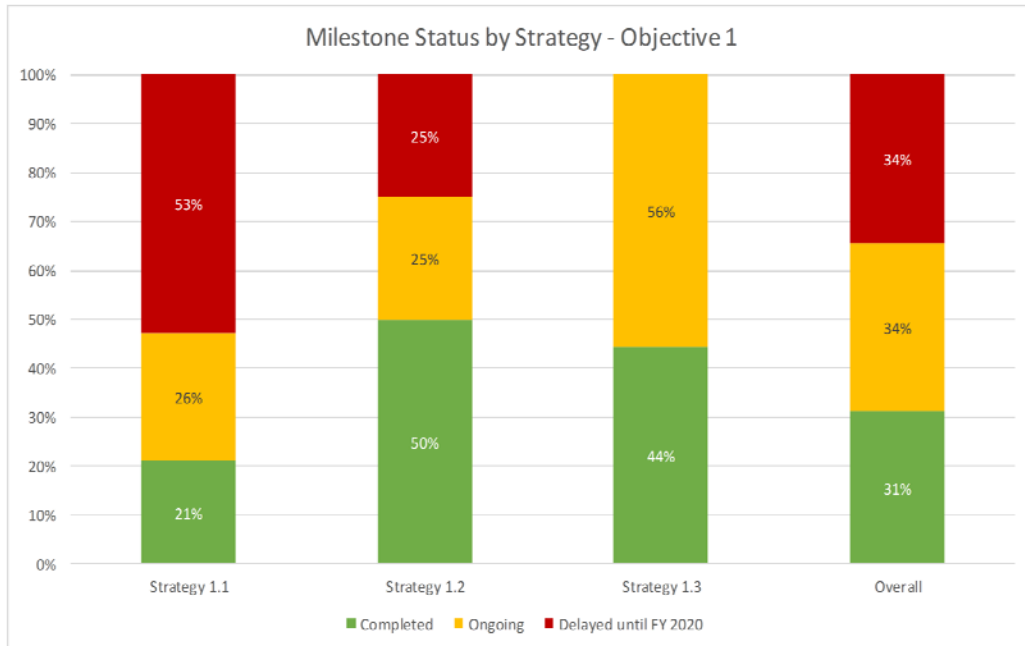
Develop and execute health care delivery strategy based on people and place.

Implement patient-focused and coordinated health care system

Implement sustainable financial model for health care delivery and system strategies through 2024



Performance of Objective 1 Strategies



Highlights:

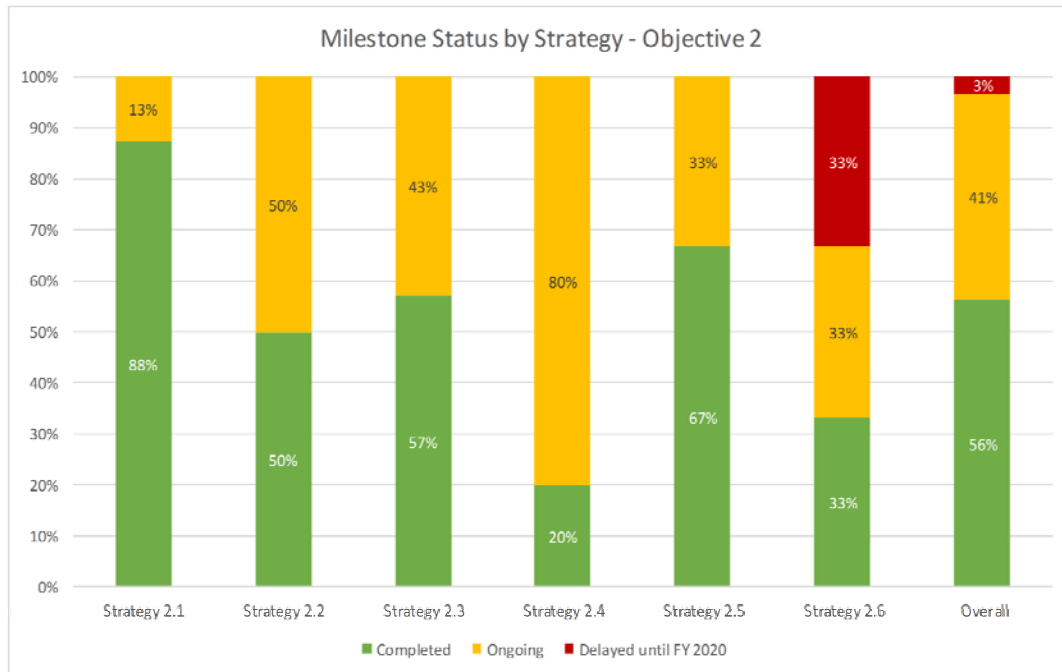
- ◆ Strategy 1.2, Milestone 1.2A — In Q2, Central Health Board of Managers participated in a Population Health workshop on Central Health enterprise’s population health strategy and application.
- ◆ Strategy 1.3, Milestone 1.3B — In Q2, Belmont Icehouse of Dallas was selected for Phase 2 of the public education initiative which includes research, branding, messaging, and paid media to improve communications with consumers and the community about Central Health’s pivotal role ensuring the delivery of care to the served population.

Challenges:

- ◆ Strategy 1.1, Milestone 1.1A — In Q1, announcing dates when services would begin in the four Eastern Travis County focus areas encountered challenges including but not limited to:
 - ◆ Strategic location and program planning for a vast geographic area
 - ◆ Funding models for partnerships engaged in a co-location service model
 - ◆ Lack of basic infrastructure
 - ◆ Transportation (barriers and limited options)
 - ◆ Legal, finance, governance approval process across multiple governmental entities.



Performance of Objective 2 Strategies



Highlights:

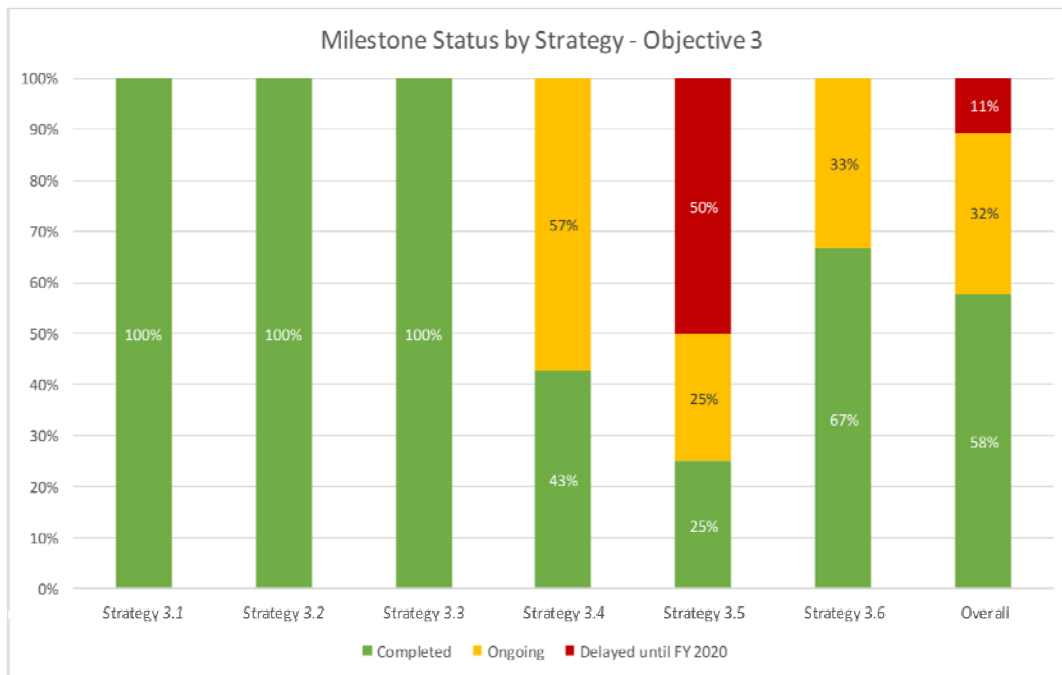
- ◆ Strategy 2.1, Milestone 2.1A — In Q1, Community Care Collaborative (CCC) launched Digital Urgent Care with the CCC medical management team. This service was promoted with Community First! Village and MAP patients at outreach events and MAP eligibility offices. Additionally, contracts were executed to expand 3D mammography services and FIT testing for colorectal cancer screenings.
- ◆ Strategy 2.6, Milestone 2.6A — In Q2, the CCC presented to the Central Health Board of Managers’ Strategic Planning Committee on broad cancer prevalence data in the CCC population, CCC’s priorities and approach to cancer care and CCC’s recommendations for next steps.

Challenges:

- ◆ Strategy 2.2, Milestone 2.2D — In Q1, CY18 DSRIP outcomes were reported to HHSC. CCC encountered challenges with HHSC as it continued to issue new guidance such as requesting new baseline submissions for a handful of measures, based on HHSC’s interpretation of published guidelines.
- ◆ Strategy 2.4, Milestone 2.4A — In Q1, acquisition of a Data Loss Prevention tool was delayed because of gaps in key technology components, budget, and governance. A strategy was needed in order to address the identified gaps.



Performance of Objective 3 Strategies



Highlights:

- ◆ Strategy 3.4, Milestone 3.4C — In Q2, Central Health executive leadership and Board of Managers approved expanding Downtown Campus Committee’s oversight purview to include all Central Health enterprise real estate.
- ◆ Strategy 3.4, Milestone 3.4E—In Q2, the Professional Office Building (POB) was vacated triggering Block 164 Rent Commencement Date (\$1.83 million payment to Central Health).

Challenges:

- ◆ Strategy 3.4, Milestone 3.4 D — In Q3, delayed because of challenges with City of Austin and permit application for demolition of Brackenridge building.
- ◆ Strategy 3.5, Milestone 3.5A — In Q1, challenges encountered executing DSRIP contracts because of changes in state program guidelines and measure specifications led to delays in contracting.

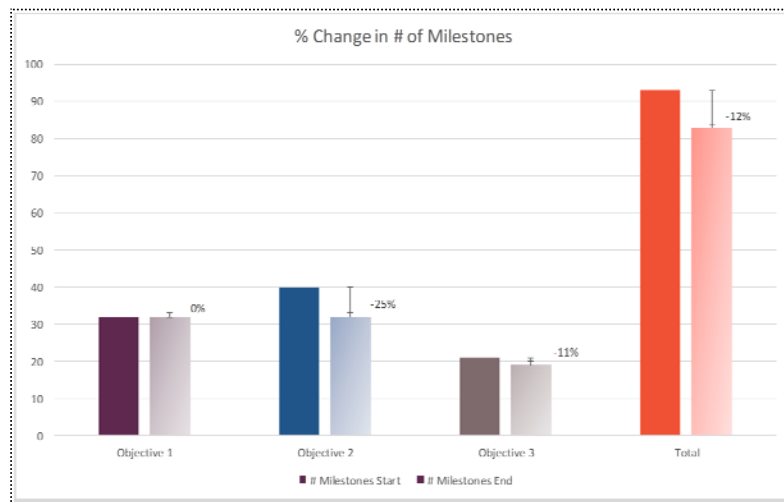


Looking Forward — FY 2020

STRATEGIC PRIORITY

Access to Care

- ◆ FY 2019 milestones designated as “Delayed”, “Ongoing” or “Deleted” must be reviewed to understand the barriers and nuances around the work associated with the work. This will inform the development of performance metrics for FY 2020 work and help to mitigate any risks or dependencies that could impede the completion of the ongoing work in FY 2020.



- ◆ The report out of performance and outcomes will be captured at regular intervals. A different form of reporting will be produced for the Central Health Board of Managers and will replace the Milestone Review Memo from FY 2019.
- ◆ FY 2020 work will take into consideration the ongoing/delayed work from FY 2019 and, if needed, clearly delineate the relationship with the overarching strategic priority of increasing access to care.

OBJECTIVE 1

Develop and execute health care delivery strategy based on people and place.

OBJECTIVE 2

Implement patient-focused and coordinated health care system

OBJECTIVE 3

Implement sustainable financial model for health care delivery and system strategies through 2024



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.

Respect - We honor our relationship with those we serve and those with whom we work.

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

BOARD MEETING

October 30, 2019

REGULAR AGENDA ITEM 11

Discuss and take appropriate action to designate Perla Cavazos as Assistant Administrator.



MEMORANDUM

To: Central Health Board of Managers
From: Mike Geeslin, President & CEO
Cc: Stephanie McDonald, Chief of Staff
Date: October 21, 2019
Re: **Agenda item 11:** Discuss and take appropriate action to designate Perla Cavazos as Assistant Administrator. (*Action Item*)

Overview:

Section 281 of the Texas Health and Safety Code permits the Board of Managers to designate an Assistant Administrator should the President & CEO be unable to perform the duties. By taking action, the Board is designating Perla Cavazos as Assistant Administrator. Currently, Susan Willars has been serving in this capacity.

Synopsis:

Section 281.027 of the Texas Health and Safety Code states that if the administrator of a hospital district "is incapacitated, absent, or unable to perform the administrator's duties, the board may designate an assistant administrator to perform any of the administrator's powers or duties, subject to limitations prescribed by board order."

In addition, the Central Health bylaws state that, "If the President and CEO is incapacitated, absent or unable to perform his or her duties, the Assistant Administrator as described in Section 281.027, Texas Health and Safety Code, shall perform any or all of the duties of the President and CEO necessary for the operation of the District."

On December 7, 2016, the Board of Managers designated Susan Willars as the Assistant Administrator. Ms. Willars has been serving as Central Health's Assistant Administrator since this time. I am recommending that Perla Cavazos Vice President of Government Affairs, be designated Assistant Administrator and that she serve without bond.

Recommendation:

Designate Perla Cavazos as Assistant Administrator and that she serve without bond.

Fiscal Impact:

There is no fiscal impact.



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.

Respect - We honor our relationship with those we serve and those with whom we work.

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

BOARD MEETING

October 30, 2019

REGULAR AGENDA ITEM 12

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



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.

Respect - We honor our relationship with those we serve and those with whom we work.

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

BOARD MEETING

October 30, 2019

REGULAR AGENDA ITEM 13

Receive and discuss a briefing on the selection of outside legal counsel.¹



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.

Respect - We honor our relationship with those we serve and those with whom we work.

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

BOARD MEETING

October 30, 2019

REGULAR AGENDA ITEM 14

Confirm the next regular Board meeting date, time, and location