



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.

PUBLIC HEARING AND BOARD OF MANAGERS

Meeting Agenda

Wednesday, December 18, 2019, 4:30 p.m.

Central Health Administrative Offices

1111 E. Cesar Chavez St.

Austin, Texas 78702

Board Room

STAYS IN FILE

PUBLIC HEARING

1. Receive public comment on the proposed mandatory payment rate to be assessed on institutional healthcare providers during fiscal year 2020 under the local healthcare provider participation program (LPPF) in Travis County, and how the revenue derived from those payments is to be spent, as required by Texas Health & Safety Code §298E.101.

BOARD MEETING

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 November 20, 2019 meeting of the Central Health Board of Managers and December 2, 2019 meeting of the Central Health ad hoc Board Officer Nominations Committee.
- C2. Receive and ratify Central Health Investments for November 2019.

- C3. Approve the Fiscal Year (FY) 2019 Broker/Dealer Applicants for conducting investment business with the Travis county Healthcare District as recommended by the Travis County Cash/Investment Management Department.
- C4. Approve the candidate recommendations made by the ad hoc Board Officer Nominations Committee for the following officer positions, and elect the recommended candidates for terms to begin January, 2020:
 - a. Chairperson – Ms. Sherri Greenberg;
 - b. Vice-Chairperson – Dr. Charles Bell; and
 - c. Treasurer – Ms. Julie Oliver.
- C5. Approve the recommendation made by the ad hoc Board Officer Nominations Committee regarding the Board Secretary position, and appoint Ms. Cynthia Valadez as Board Secretary, for a term to begin January 2020.

REGULAR AGENDA*

- 1. Receive training on open government statutes. (*Informational Item*)
- 2. Receive training on conflict-of-interest reporting requirements under the Central Health Board of Manager's Bylaws, policies, and Texas law.¹ (*Informational Item*)
- 3. Consider and take appropriate action on Central Health Human Resources Policy 2-018 and Compliance Policy 008.¹ (*Action Item*)
- 4. Discuss and take appropriate action on the proposed mandatory payment rate to be assessed on institutional healthcare providers during fiscal year 2020 under the local healthcare provider participation program (LPPF) in Travis County, and how the revenue derived from those payments is to be spent, as required by Texas Health & Safety Code §298E.101. (*Action Item*)
- 5. Discuss and take appropriate action on the proposed Calendar Year 2020 meeting dates and times for the Central Health Board of Managers. (*Action Item*)
- 6. Discuss and take appropriate action on information related to Central Health Enterprise compensation philosophy and workforce demographics. (*Action Item*)
- 7. Receive and discuss an update on an agreement with Social Finance, Inc., and its subsidiary PAATH, LLC, for permanent supportive housing and wraparound services to be provided to homeless Travis County residents.¹ (*Action Item*)
- 8. Receive a report of the November 2019 financial statements for Central Health. (*Informational Item*)
- 9. Receive a report of the November 2019 financial statements for the Community Care Collaborative. (*Informational Item*)
- 10. Discuss and take appropriate action on a request by Sendero Health Plans, Inc. to modify Amended and Restated Debenture No. 1, issued by Sendero to Central Health 12/31/2015. (*Action Item*)

11. Discuss and take appropriate action on an update regarding Sendero Health Plans, Inc., including the effect of federal legislative and regulatory actions.¹ (*Action Item*)
12. Discuss health care service delivery expansion in Eastern Travis County, including project timelines.¹ (*Informational Item*)
13. Discuss Central Health owned or occupied real property, and potential property, for acquisition or lease.¹ (*Informational Item*)
14. 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*)
15. Take action to appoint an Acting Compliance Officer. (*Action item*)
16. 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 at least two days in advance, so that appropriate arrangements can be made. Notice should be given to the Board Governance Manager by telephone at (512) 978-8049.

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.

Came to hand and posted on a Bulletin Board in the Courthouse,
Austin, Travis County, Texas on this the 13th day of
December 2019.
Dana DeBeauvoir
County Clerk, Travis County, Texas
By A. MACEDO Deputy




**FILED AND RECORDED
OFFICIAL PUBLIC RECORDS**

Dana DeBeauvoir

**Dana DeBeauvoir, County Clerk
Travis County, Texas**

201981770

**Dec 13, 2019 04:57 PM
Fee: \$0.00 MACEDOS**



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PUBLIC HEARING

December 18, 2019

AGENDA ITEM 1

Receive public comment on the proposed mandatory payment rate to be assessed on institutional healthcare providers during fiscal year 2020 under the local healthcare provider participation program (LPPF) in Travis County, and how the revenue derived from those payments is to be spent, as required by Texas Health & Safety Code §298E.101.



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BOARD MEETING

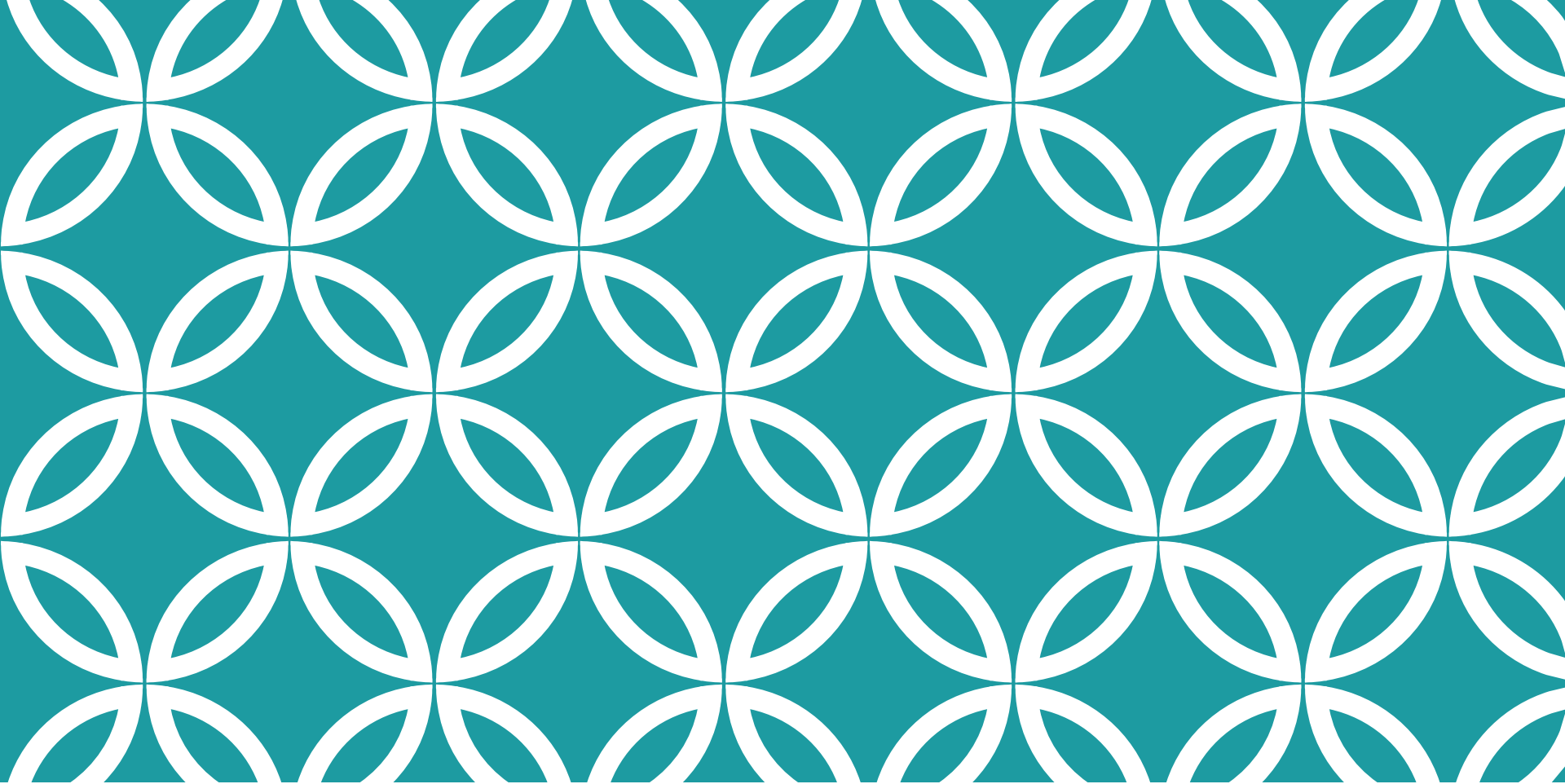
December 18, 2019

REGULAR AGENDA ITEM 1

Receive training on open government statutes.



CENTRAL HEALTH BOARD OF MANAGERS ANNUAL TRAINING



TEXAS PUBLIC INFORMATION ACT



OUTLINE

Background

Definitions

Requests

Process

Penalties

BACKGROUND

The Public Information Act was adopted in 1973 by the 63rd Legislature.

The Legislature believed that every person is entitled to complete information about the affairs of government and the official acts of public officials and employees.

The Act enables the public to request copies of “public information” and to inspect “public information” on-site.

WHAT IS CONSIDERED PUBLIC INFORMATION?

Tex. Gov't Code § 552.002(a)

“Public Information” is information that is written, produced, collected, assembled, or maintained:

- Under a law or ordinance; or
- In connection with a transaction of official business by a governmental body.

Essentially all information that Central Health owns or has a right of access to.

FORMS OF PUBLIC INFORMATION

The definition of “public information” applies to and includes *any electronic communication* created, transmitted, received, or maintained *on any device* if the communication is in connection with the transaction of official business.

- Audio or video recordings
- Emails
- Internet postings
- Text or instant messages

It does not matter where the information is located (e.g., at home or on a personal device or account).



DEFINITION OF OFFICIAL BUSINESS

Tex. Gov't Code § 552.003(2-a)

“Official business” means any matter over which a governmental body has any authority, administrative duties, or advisory duties.

HOW IS A PUBLIC INFORMATION REQUEST MADE?

Request must be in writing to trigger the PIA

- Writing may be typed or handwritten

Request must ask for information in existence as of the date the request was received

- No requirement to create new documents
- No requirement to answer questions
- No requirement to perform legal research

No “magic words” are required

- No requirement to label it as an open records request or public information request

Request may be delivered by mail or in person or...

DELIVERY BY EMAIL AND FAX

A governmental body may designate a person who is authorized to receive requests by email or fax.

If the governmental body makes such a designation, the PIA is triggered only if the request is directed to the designated person.

NOTE: Written requests that are not sent by email or fax do not have to be directed to any specific employee or officer.

WHAT SHOULD YOU DO WHEN YOU RECEIVE A REQUEST?

Do **not** ask the requestor why he or she is making the request.

If the request was sent via email, forward the email to PublicInfoRequest@centralhealth.net

If the request was delivered by mail or in person, either scan and email the request to the email address set out above or contact Briana Yanes for further instruction.

Promptly produce the information you believe to be responsive to the request.

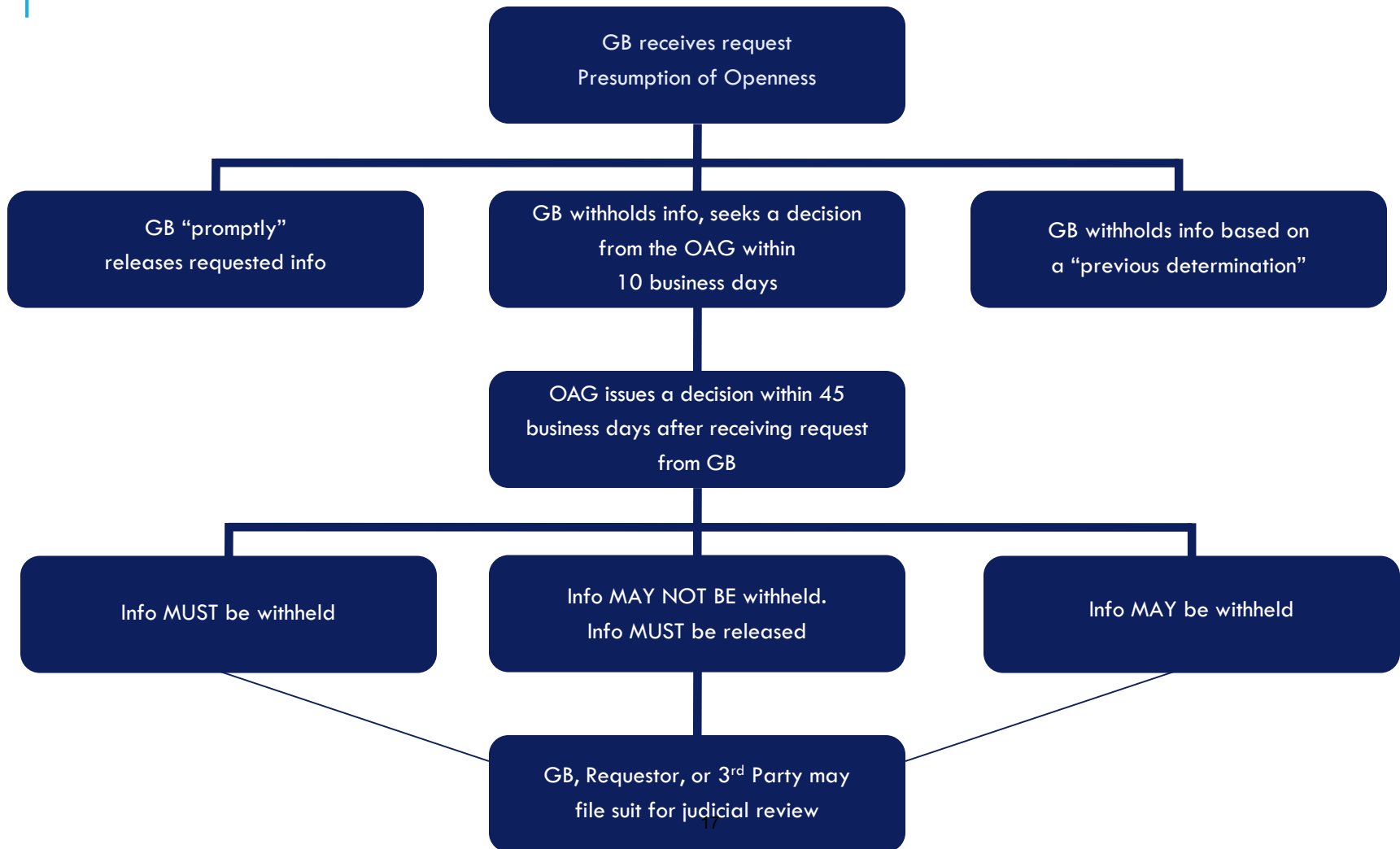
HOW MUCH TIME DO YOU HAVE TO PRODUCE INFORMATION?

Tex. Gov't Code § 552.221

“Promptly” means as soon as possible under the circumstances, that is, within a reasonable time, without delay.

If you cannot produce information within 10 business days after the date the information is requested, you must certify that fact in writing and let Monica Crowley know a reasonable date and hour when the information will be available.

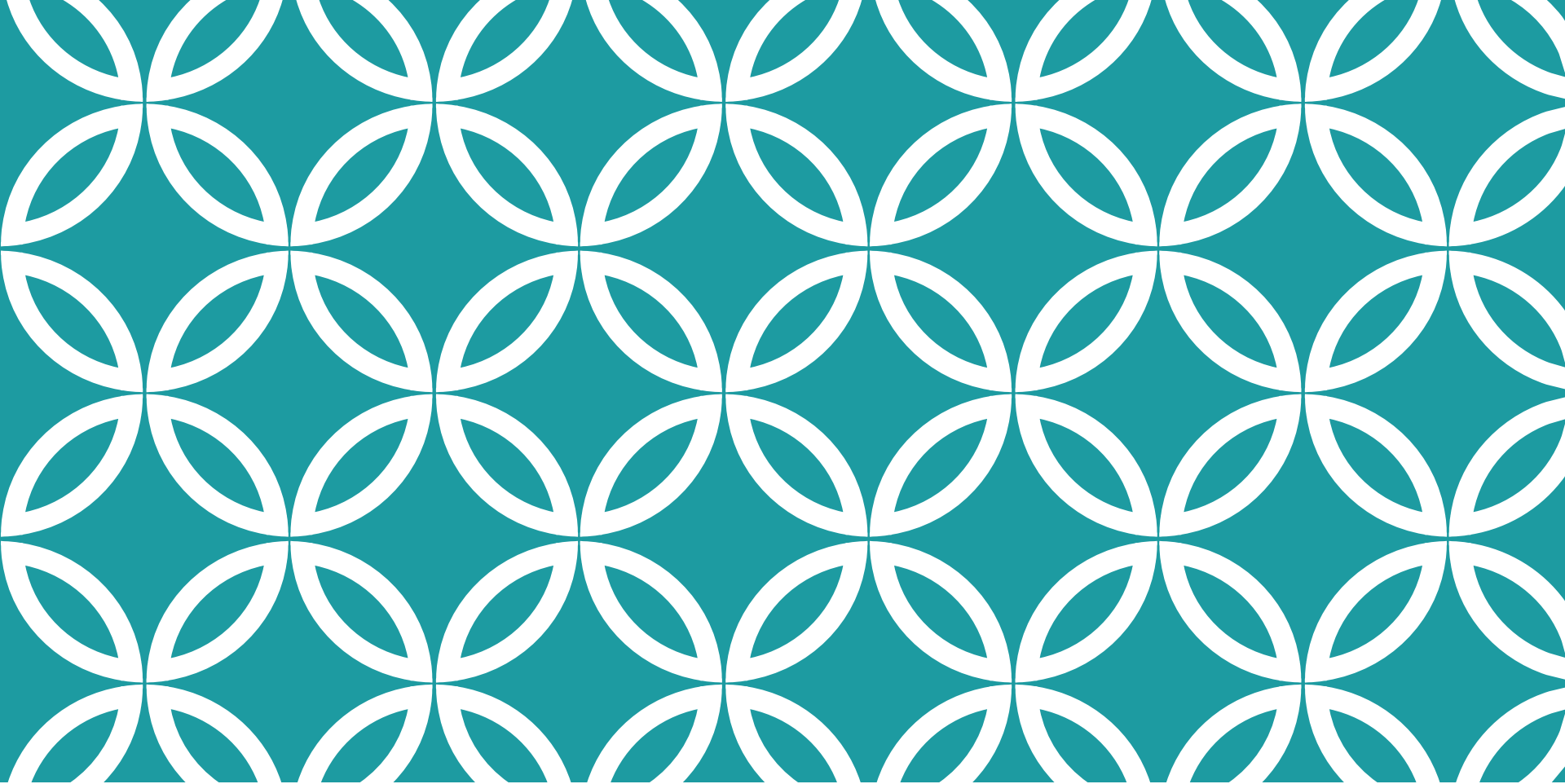
BASIC PROCESS FOR GOVERNMENTAL BODIES



PENALTIES

Criminal Penalties may result from:

- Refusing to provide public information
 - Penalty: up to 6 months in jail and/or up to \$1,000 fine (also constitutes official misconduct which may result in removal from office)
- Providing, distributing or, misusing confidential information
 - Penalty: up to 6 months in jail and/or up to \$1,000 fine (also constitutes official misconduct which may result in removal from office)
- Destroying, removing, or altering governmental information
 - Penalty: up to 3 months in jail and/or up to \$4,000



TEXAS OPEN MEETINGS ACT

BACKGROUND

- The Open Meetings Act (the “Act”) aims to make government more transparent by providing the public adequate notice of meetings and allowing the public to attend the meetings and speak on issues presented, thereby holding public officials accountable
- With limited exception, the Act requires state and local governmental entities to conduct open meetings in order to make information related to governmental conduct and actions accessible to the public
 - The Board of Managers is a governmental entity for purposes of the Act and must therefore conduct business in accordance with the requirements set out in the Act.

CLOSED SESSIONS

- The Act contains narrow exceptions to the requirement that a meeting of the Board be open to the public
- Prior to holding a closed session, the meeting must be convened as an open meeting, the Chair must announce that a closed session will be held, and identify the section(s) of the Act authorizing the closed session

COMMON CLOSED SESSION EXCEPTIONS

- Consultations with Attorney: When advice is sought from legal counsel regarding pending or contemplated litigation, a settlement offer, or on a matter in which the duty of an attorney to the government body under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas conflict with the Act.
- Deliberations about Real Property: When public discussion of the exchange, lease, or value of real property would be detrimental to the Board's negotiating position with a third party.

COMMON CLOSED SESSION EXCEPTIONS- CONTINUED

- Personnel Matters: May deliberate the appointment, evaluation, reassignment, duties, discipline, or dismissal of a public officer or employee or to hear a complaint or charge against an officer or employee.
- Deliberation by Governing Board of Certain Providers of Health Care Services: The Board may hold a closed session to deliberate:
 - pricing or financial planning information relating to a bid or negotiation for the arrangement or provision of services or product lines to another person if disclosure of the information would give advantage to competitors of Central Health; or
 - information relating to a proposed new service or product line of the hospital, hospital district, or nonprofit health maintenance organization before publicly announcing the service or product line

NOTICE REQUIREMENTS

- The Act also requires the Board provide notice of all meetings, including the subjects it will consider in an open meeting or a closed session at least 72 hours before the meeting.
- The notice must be specific enough to apprise the public of the subjects which will be deliberated at the meeting.
- Central Health posts notices outside its administrative office, with the Travis County Clerk's Office, and online.

STAYING ON SUBJECT

- The Board may only discuss items that have been posted on the official agenda for a meeting
- If a member of the public or a Manager raises a subject for which there is no agenda item, the Chairperson or staff may:
 - provide a factual response or refer to existing policy, and
 - the Board may only discuss whether to schedule the subject for consideration at a future meeting.

PUBLIC PARTICIPATION

- For the reasons set forth on the previous slide, Citizens Communication is a listening session
- Managers may not deliberate public comments if they are unrelated to items posted on the meeting agenda
- Instead, Central Health staff may follow up with speakers or the Board may post an agenda item on the topic at a later meeting

ONLINE MESSAGE BOARD

- Managers may post written communications or exchanges of information in an online forum that is accessible to the public
- The communications must be available for a minimum of 30 days, and postings are limited to Board members or staff with express authorization from the Board to post items.

RECORDING REQUIREMENTS

- Audio recordings are made of all committee meetings and closed sessions held for reasons other than consultation with attorney
- Meetings of the Board and the Budget and Finance Committee are video recorded and posted on Central Health's website
- Official minutes are kept for all meetings

REMOTE PARTICIPATION BY VIDEO

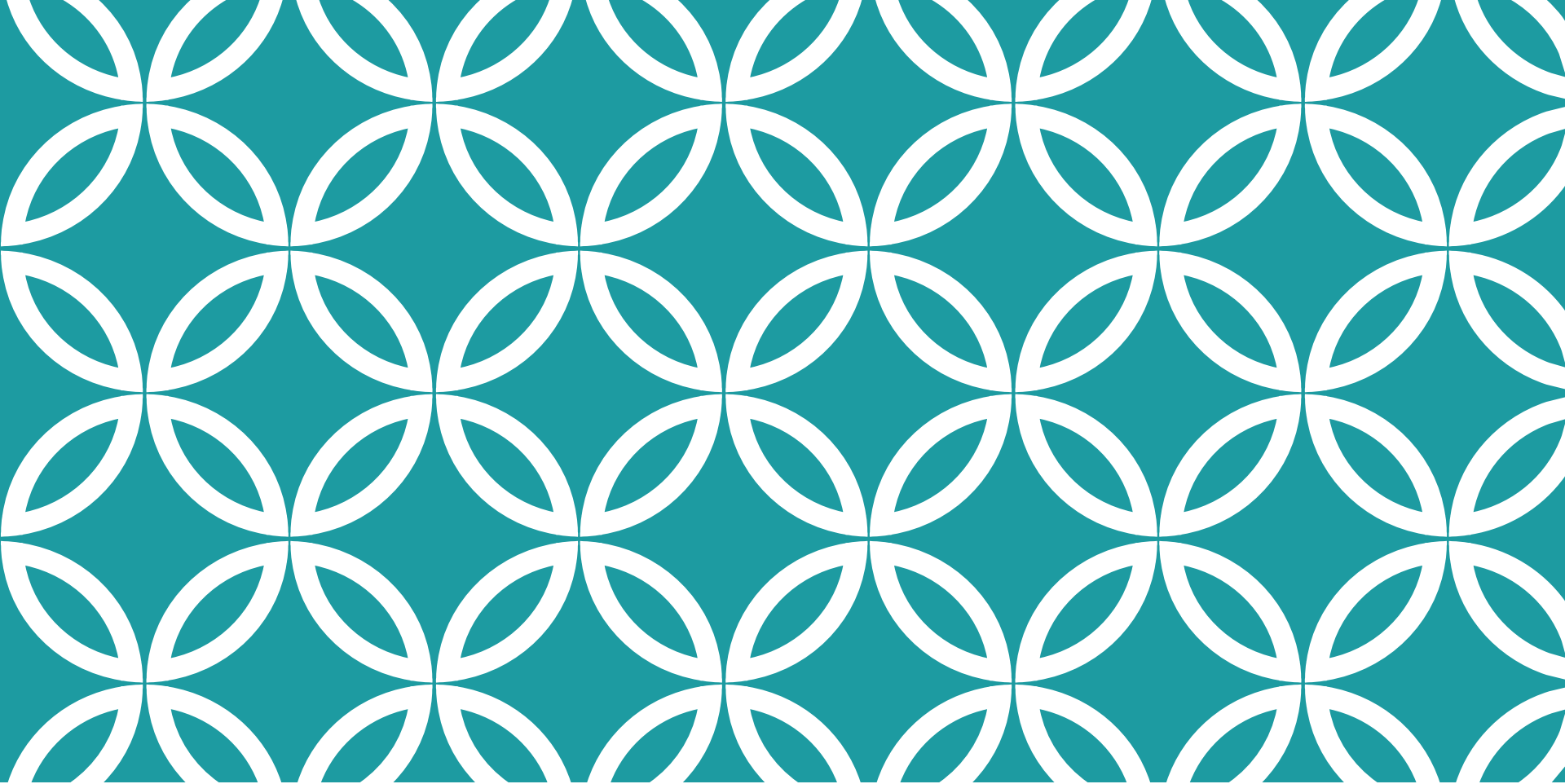
- Managers may be permitted to participate remotely in a meeting via videoconference when a quorum of the Board is physically present in the meeting location
- Managers must notify Central Health's Board Liaison in advance of the meeting to ensure that a quorum of the Board can be physically present and that arrangements may be made to ensure compliance with the Act

DISCUSSIONS OUTSIDE A MEETING

- The Act contains a prohibition on “walking quorums.” This refers to members of a governmental body meeting in numbers of less than a quorum and holding deliberations or making decisions while intending to evade the Act’s requirements
- The Act makes it a crime for any member to “knowingly engage in at least one communication among a series of communications . . . outside of a meeting” with other members on an issue under the body’s jurisdiction, where the member “knew at the time the member engaged in the communications that the series of communications involved or would involve a quorum and would constitute deliberation . . .”

RECENT LEGISLATIVE CHANGES

- HB 2840 - requires a governmental body to allow each member of the public to address the body on any posted item “before or during the body’s consideration of the item.”
- SB 494 – modified the definition of “emergency” to narrow number of situations where government bodies might shorten public notice periods; limited emergency meetings to only discussion and voting on items “directly related to responding to the emergency.”



TEXAS CONFLICT OF INTEREST REPORTING STATUTES

OVERVIEW

- Local Government Code Chapter 171
 - Background
 - Definitions
 - Process

- Local Government Code Chapter 176
 - Background
 - Definitions
 - Process

- Government Code Chapter 2252

TEXAS LOCAL GOVERNMENT CODE CHAPTER 171

- Chapter 171 establishes the standard for determining when a local **public official** has a conflict of interest.
- A conflict of interest exists when:
 - a local public official (or his/her relative) has a **substantial interest** in a business entity or real property;
 - the governmental body on which the local public official sits will vote or take action on a matter affecting the business entity or real property; and
 - the vote or action would result in a **special economic effect** on the business or real property that is distinguishable from the effect on the public.

WHO IS A LOCAL PUBLIC OFFICIAL?

- A member of the governing body or another officer-- whether appointed, paid or unpaid-- of any special purpose district who exercises responsibilities beyond those that are advisory in nature. TLGC § 171.001
- Central Health Board Members are local public officials

WHO IS A RELATIVE?

Consanguinity and Affinity Relationship Chart				
Consanguinity (Includes individuals related by blood)			Affinity (Includes spouse and individuals related to the spouse)	
First Degree	Second Degree	Third Degree	First Degree	Second Degree
Parent	Grandparent	Great Grandparent	Spouse	Grandparent
Child	Grandchild	Great Grandchild	Parent	Grandchild
	Brother or Sister	Uncle or Aunt	Child	Brother or Sister
		Nephew or Niece		

DEFINITIONS

- Business Entity - sole proprietorships, partnerships, corporations, holding and joint stock companies, receiverships, trusts, and any other entity recognized by law as a business entity
 - The term does not include public entities such as cities, counties, school districts, or universities

- Substantial interest in a business entity -
 - Ownership of 10% or more of the voting stocks or shares of the business entity
 - Ownership of 10% or more, or \$15,000 or more, of the fair market value of the business entity
 - Funds received by the business entity exceed 10% of the gross income for the previous year

DEFINITIONS - CONTINUED

- The phrase “Special Economic Effect” is not defined
 - Its an issue of fact
 - Requires investigation
- The Texas Attorney General has said that being employed by a business entity will prevent a local public official from discussing or voting on a contract that involves the business entity
- In all other cases, the local official must determine whether that the governmental body is considering will have a special economic effect on the business entity or on the value of real property that is distinguishable from its general effect on the public



PROCESS WHEN CHAPTER 171 CONFLICT EXISTS

- If a conflict exists, then the local public official shall:
 - alert the Board Chair and legal counsel;
 - file an affidavit before any vote or decision on the matter affecting the business entity or real property;
 - abstain from participation in the matter; and
 - abstain from any vote on the matter.
- The affidavit is filed with the official record keeper of the governmental entity

TEXAS LOCAL GOVERNMENT CODE CHAPTER 176

- Like Chapter 171, Chapter 176 of the Texas Local Government Code is concerned with conflicts that are primarily financial in nature.
- Chapter 176 requires a **local government officer** to file a conflicts disclosure statement when the local governmental entity has entered, or is considering entering into, a contract with a vendor whom the local government officer (or his/her **family member**) is or has...

LOCAL GOVERNMENT CODE CHAPTER 176 (CONTINUED)

- formed an employment or other business relationship that results in taxable income (other than investment income) for the officer or family member in excess of \$2500 during the 12 month period preceding the date that the officer becomes aware of the contract or proposed contract or

- received gifts worth more than \$100 during the 12 month period preceding the date the officer becomes aware of the contract or proposed contract (except political contributions and food at an event)

- **a family relationship**
 - Refer to chart on slide 24

WHO IS A LOCAL GOVERNMENT OFFICER?

- A member of the governing body of a local governmental entity
- A director, superintendent, administrator, president, or other person designated as the executive officer of a local governmental entity
- An agent of a local governmental entity who exercises discretion in the planning, recommending, selecting, or contracting of a vendor

WHO IS A FAMILY MEMBER?

- Parent
- Child
- Spouse
- In-laws
- Child of spouse by previous or subsequent relationship

GIFTS OF POLITICAL CONTRIBUTIONS UNDER CHAPTER 176

- Local government officer is not required to file a conflicts disclosure statement for a political contribution accepted by the officer or a family member of the officer
- However, political contributions made by a vendor (or a vendor's agents, including employees) to an officer may implicate Central Health Compliance Policy 009 related to Conflicts & Duality of Interest to the extent that they could be perceived to influence an officer's decision or action

OTHER GIFTS UNDER CHAPTER 176

- A gift is defined as any benefit offered by a person
- The term includes food, lodging, transportation, and entertainment accepted as a guest
- The term excludes a benefit offered on account of kinship or a personal, professional, or business relationship that was formed prior to or independent of the officer's role with the governmental entity

PROCESS WHEN CHAPTER 176 CONFLICT EXISTS

- Complete a Conflict of Interest Statement and file with the official record keeper of the governmental entity no later than 5:00 pm on the 7th business day after the local government officer becomes aware of the conflict
- A Conflict of Interest Questionnaire (CIQ) is filed with Central Health's Purchasing Supervisor by the vendor/contractor

**LOCAL GOVERNMENT OFFICER
CONFLICTS DISCLOSURE STATEMENT**

FORM CIS

(Instructions for completion are provided on the next page.)

This questionnaire reflects changes made to the law by HB 23, 94th Legislature, Regular Session.

This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.

OFFICER USE ONLY
Office (INiv)

Name of Local Government Officer

Office Held

Home of vendor described by Sections 176.001(7) and 176.003(a). Local Government Code

Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted	Description of Gift
--------------------	---------------------

Date Gift Accepted	Description of Gift
--------------------	---------------------

Date Gift Accepted	Description of Gift
(attach additional forms as necessary)	

AFFOAVIT

I swear under penalty of perjury that the foregoing statement is true and correct. I acknowledge that disclosure of this information to my family members is required by Section 176.001(2), Local Government Code; this is the local government officer. This disclosure is required by Section 176.003(a)(2)(B), Local Government Code.

Signature of Local Government Officer

Sworn to and subscribed to before me on this _____ day of _____, 20____, at _____, Texas, in my presence and in the presence of _____, who are disinterested persons, and who are duly sworn as witnesses.

ODDS & ENDS

- Section 36.02 of the Texas Penal Code criminalizes a public official or employee's acceptance, agreement to accept, or solicitation of, *any benefit* as consideration for a decision, opinion, recommendation, vote or other exercise of official discretion
- A benefit is anything that a reasonable person would consider to have some monetary value
- There is no dollar amount that makes a benefit a per se potential bribe
- Similarly, there is no temporal limitation. A benefit offered or accepted after a public official's decision, opinion, recommendation, vote, or exercise of discretion may still be considered a bribe

PRACTICAL ADVICE

- Review the names of business entities that Central Health has, or is considering, entering into a contract with
 - Names can be found in monthly list of contracts that is sent with Board agendas
- Ask questions of legal counsel on Monday before the meeting or as soon as possible thereafter
- Do not solicit gifts or any other form of benefit, such as donations for your personal use
- If you receive an unsolicited benefit, donate the benefit to a recognized tax-exempt charitable organization formed for educational, religious, or scientific purposes



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BOARD MEETING

December 18, 2019

REGULAR AGENDA ITEM 2

Receive training on conflict-of-interest reporting requirements under the Central Health Board of Manager's Bylaws, policies, and Texas law.

Central Health Contracts as of 12.11.19

Name of Contracting Party

Accountability Resources	Doucet & Chan
Accusource, Inc.	Dr. Deandrae Alexander
ADP	Dr. Sridhar P. Reddy
Aetna Health Insurance	Dunaway & Associates, LLP
Aetna Life Insurance	ECM International
AG CM	ECS Southwest, LLP
Alchemy at Ams	EEA Consulting
Applied Orthotics, L.L. C.	Emergency Services Partner, LLC
ARC Abatement, Inc	Encore Health Resources, LLG
Austin Independent School District	Ending Community Homelessness Coalition
Austin Regional Clinic, P.A.	Enercon Services, Inc.
Austin Retina Associates	Energage
Austin Surgeons, PLLC	Excell Environmental, Inc.
Austin Voices for Education and Youth	Eye Physicians of Austin, P.A.
Austin Wheelchair Company	Eyman Associates
Baker Botts	Foundation Communities
BB&T Retirement Services	Four Solutions
Belmont Icehouse	Frost Insurance Agency, Inc.
Bickerstaff Heath Delgado Acosta, LLP	Fugro USA Land, Inc.
Braun & Butler Construction, Inc.	G4S Secure Solutions (USA), Inc.
Bright Horizons Family Solutions	GDC Marketing and Ideation
Broaddus & Associates	GE Healthcare Inc.
BSA Life Structures, Inc.	Gilbreath
C.A. Short Company	Granicus, Inc.
Caroline Garry Branding	Gresham Smith
Central Texas Food Bank, Inc.	Hanger Prosthetics & Orthotics
Central Texas Medical Specialists	HDR
Children's Optimal Health	Health Management Associates
City of Austin	Health Management Sys. Inc.
City of Fort Worth	Healthy Communities Institute
Clinical Pathology Associates	Huron
Clinical Pathology Laboratories, Inc.	Husch Blackwell
Communication by Hand, L.L.C.	Huston-Tillotson University
CommUnity Care	IMEG
Concentra	Influence Opinions
Creative Civilization	Integrated Care Collaboration
Cultural Strategies, Inc.	i-Sight
Deer OaksEAP	Issa Galvan
Deloitte Consulting, LLP	It's Time Texas - Zumba Classes

Jankedesign, Inc.
Jasmine Engineering
Jenny Abrego
Jones Lang LaSalle Americas, Inc
Jose I. Guerra
JP Morgan Chase
JP Morgan Chase Bank, N.A.
JR Ramon Demolition
K&C Systems
Kevin Greenblat
Kitchell
Langrand and Company
Latino Healthcare Forum
LightEdge Cross Connect
Lighthouse Services
Locke Lord
Lone Star Circle of Care
Maldonado Nursery & Landscaping
Marcis & Associates Inc.
Maxwell Locke & Ritter, LLP
Maxwell Locke & Ritter, LLP
McKim & Creed
MediView
MedXcel
Meyertons, Hood, Kivlin, Kowert, & Goetzel,
P.C.
Michael & Susan Dell Center for Healthy
Living at The University of Texas Health
Science Center at Houston
Mobile Specialty Vehicles
Morgan, Lewis & Bockius, LLP
MWM Design
Navigant Consulting, Inc.
Network Sciences Inc.
Newmark Knight Frank
O'Connell Robertson
Orrick, Herrington, & Sutcliffe LP
Palomar Modular Buildings, Inc.
Pam McDonald, LLC
Paul Hornsby & Co.
PayFlex
People's Community Clinic
Planned Parenthood of Greater Texas
ProNvest

Public Employee Benefits Alliance
Public Financial Management, Inc.
PURE Action, Inc.
Reeves & Brightwell, LLP
Region 8 Education Service Center
Richard Briggs, M.D., P.A.
Richards, Rodriguez, & Skeith, LLP
Rifeline
RingCentral
Ronald D. Horne, D.D.S., P.A.
Samanage
Sendero Health Plans
Seton
Sherry Matthews Advocacy
Sherwood Surveying
Sheryl Cole
Sigland Properties II, Ltd.
SIMS Foundation
Social Finance, Inc.
Sooth Limited Partnership
StuderGroup
TEK Systems
Terracon Consultants Inc.
Tex Hahn
Texas Creative
Texas Legal Protection Plan, Inc.
Texas RioGrande Legal Aid
TexSTAR
Thomas Suehs & Associates, LLC
TKO
TMG Contracting, LLC
Total Administrative Services Corporation
Travis County
Travis County Emergency Services District
No. 4
United Healthcare Insurance Company
United Way Greater Austin
University of Texas
Winstead, LLP
Workify



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BOARD MEETING

December 18, 2019

REGULAR AGENDA ITEM 3

Consider and take appropriate action on Central Health Human Resources Policy 2-018 and Compliance Policy 008.¹

Travis County Healthcare District

Policy Name: Complaint Resolution	Policy Number: HR 2 - 018
Approval: 	
President/CEO: Patricia A. Young-Brown	Date: October 1, 2008
Attachments:	
Effective Date: October 1, 2008	Last Revision Date:

Policy:

It is the policy of the Travis County Healthcare District (TCHD) that employees should have an opportunity to present their work-related complaints to their employer for possible resolution.

Comments:

1. An appropriate complaint is defined as an employee's expressed dissatisfaction concerning working conditions that impact that employee's work effectiveness. Examples of matters that may be considered appropriate complaints under this policy include:
 - (a) A belief that TCHD policies, practices, rules, regulations, or procedures have been applied inconsistently to the employee asserting the complaint;
 - (b) A belief by the employee asserting the complaint that they have been treated unfairly such as coercion, reprisal, intimidation or harassment. (See Policy Against Harassment, Policy Number HR 1 – 005 for procedures on reporting.);
 - (c) A belief by the employee asserting the complaint that they have been discriminated against, for example, because of race, color, sex, age, religion, national origin, marital status, or disability (see Equal Employment Opportunity, Policy Number HR 1 – 004).;
 - (d) A belief by the employee asserting the complaint that employee benefits or conditions of employment such as scheduling, vacations, fringe benefits, promotion, performance review, or seniority has been administered to them improperly or unfairly; and
 - (e) A belief by the employee asserting the complaint that a disciplinary action directly affecting his or her compensation, such as suspension, demotion, or termination, was improper or unfair.

2. Employees should first attempt to resolve on-the-job complaints with their immediate supervisor. Supervisors and employees are encouraged to resolve work-related complaints in an atmosphere of mutual respect. An employee should bring any work-related complaint to the attention of his or her immediate supervisor as soon as possible so the problem may be resolved. The supervisor should discuss with the employee their concerns in an effort to resolve the problem in a timely fashion.
3. If an employee is unable to resolve a complaint with their immediate supervisor, or if doing so would be too uncomfortable for the employee to be effective, he or she may take the complaint to the next level of management.
4. If the employee is unable to resolve his or her complaint with the next level of management, the employee may submit a complaint in writing to the President and Chief Executive Officer (CEO). A meeting will be set at the convenience of both the President and CEO and the employee by the President and CEO. The employee should submit to the President and CEO any documents he or she believes the President and CEO should consider. The President and CEO will make a determination on the complaint as soon as is practicable and will notify the employee in writing of the decision.
5. Information concerning an employee complaint should be kept as confidential as is possible; however, absolute confidentiality cannot be guaranteed.
6. Time spent by employees in complaint discussions with management during their normal working hours will be considered hours worked for pay purposes.
7. Employees will not be retaliated against for using this complaint resolution procedure. However, it is not considered proper if an employee raises complaints in bad faith or solely for the purposes of delay or harassment or repeatedly raises merit less complaints. An employee's complaint does not limit the right of the TCHD to proceed with any appropriate disciplinary action.
- (8) The President and CEO may, in his or her discretion, refuse to consider a complaint determined improper under this policy. Further, this policy does not alter the employment-at-will relationship in any way (see Employment-at-Will, Policy Number HR 1 - 003).



Policy Title: Compliance Investigations
Policy #: CMP-008
Effective Date: 5/28/2010
Revision Dates: 4/6/2017, 1/30/2019
Board Last Approval Date: 1/30/2019
Policy Owner: Compliance Manager
Executive Sponsor: Chief Executive Officer <i>Mike Grostein</i>
Attachments: None

I. PURPOSE

It is Central Health's policy to investigate all reports of relevant perceived and actual wrongdoing. Investigations will be conducted to the point of satisfaction. Documentation of the full investigation, including conclusion for all reports, founded or unfounded will be maintained by Compliance. Documentation of investigations will be maintained to ensure compliance with subpoenas and cooperate with governmental investigations to the full extent required by law. Central Health will ensure that all subpoenas, search warrants, civil investigative demands and governmental investigations are handled appropriately and promptly with the advice and under the direction of Legal Counsel and to report when appropriate instances of noncompliance to the proper state and/ or federal enforcement authorities.

II. SCOPE

This policy applies to all Central Health employees and operations. This includes Board of Managers, officers, consultants, contractors, interns, volunteers and temporary employees.

III. DEFINITIONS

None.

IV. POLICY

- 1) The Compliance Officer will be responsible for investigating all reports of perceived or actual wrongdoing, including violations of compliance policies or legal requirements, to the point of satisfaction and recorded conclusion, including unfounded reports. The nature of the report may require engaging or delegating the investigation to others, i.e. violations of personnel policies investigated by Human Resources.
- 2) The Compliance Officer will promptly perform a preliminary investigation of all allegations of perceived or actual wrongdoing, including violations of compliance policies or legal requirements, to determine the allegation's truth and accuracy and whether a violation has occurred. The Compliance Officer will take immediate steps to prevent the destruction of documents or other evidence relevant to the investigation. If it is found that the allegation is not substantiated by facts, the Compliance Officer will file a report with a record of the complaint and investigation. The individual (if known)

who reported the suspected noncompliance will be appropriately informed in general terms of the investigation and the result.

- 3) If an allegation is found to be substantiated, the Compliance Officer will be responsible for assigning resources to determine the implications of the violation and perform an investigation. The Compliance Officer will also determine whether external resources and/ or investigators are needed.
- 4) The internal and/ or external investigators will be responsible for conducting an independent investigation of the facts and developing a summary of their findings including any recommendations and corrective actions needed.
- 5) The Compliance Officer with the advice of and when appropriate under the direction of Legal Counsel, the CEO, the supervisor of the Functional Area, and/ or Human Resources will determine an appropriate course of action based on the investigation results and recommendations. The Compliance Officer will be responsible for ensuring that a corrective action plan that will address, resolve, and prevent identified problems is developed and implemented.
- 6) If an investigation of an alleged violation is undertaken and the Compliance Officer believes that the integrity of the investigation may be at stake because of the presence of employees under investigation, those subjects will be removed from their current work activity until the investigation is completed (unless an undercover investigation is in effect).
- 7) Central Health will be responsible for determining and making prompt restitution of any identified damages or overpayments to the appropriate entity or individual or make other disposition as determined appropriate and for reporting to any affected governmental agencies as appropriate. Legal Counsel may develop contract language for use with vendors and contractors regarding compliance and sanctions for failure to comply.
- 8) The Compliance Officer and the employee's supervisor, in consultation with Legal Counsel and Human Resources, will determine if disciplinary action is appropriate. The supervisor will be responsible for implementing any identified disciplinary action including, as identified through the investigation, a recommendation to the CEO that termination of employment occur. See Discipline, Policy Number HR 2-017. All levels of employees are subject to the same disciplinary action for the commission of similar offenses.
- 9) The Compliance Officer will be responsible for maintaining a formal report on each compliance investigation.
- 10) If a violation of applicable law or the Compliance Program has occurred, the Compliance Officer will take steps to correct the problem. Such steps may include an immediate

referral to criminal and/ or civil law enforcement authorities, a corrective action plan, and a report to the appropriate governmental authority.

- 11) On a periodic basis, the Compliance Officer will report to the appropriate Board committee any investigation undertaken and the results of that investigation. The committee will report this information to the full Board as determined by the Chair of the committee. The committee may also make recommendations on ways to improve the Compliance Program and to improve compliance with applicable laws, regulations, and policies. As necessary, those recommendations will be forwarded to the CEO or the Board of Managers and/ or the appropriate Board committee for approval and implementation.

V. RELEVANT STATUTES, REGULATIONS OR GUIDANCE

United States Sentencing Guidelines

VI. RELATED POLICIES AND PROCEDURES

CMP-006, HR2-017, CMP-009P

VII. PROCESS

None.



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

December 18, 2019

REGULAR AGENDA ITEM 4

Discuss and take appropriate action on the proposed mandatory payment rate to be assessed on institutional healthcare providers during fiscal year 2020 under the local healthcare provider participation program (LPPF) in Travis County, and how the revenue derived from those payments is to be spent, as required by Texas Health & Safety Code §298E.101.



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BOARD MEETING

December 18, 2019

REGULAR AGENDA ITEM 5

Discuss and take appropriate action on the proposed Calendar Year 2020 meeting dates and times for the Central Health Board of Managers.



MEMORANDUM

TO: Central Health Board of Managers
 FROM: Ted Burton, VP of Communications
 CC: Mike Geeslin, President and CEO; Iván Dávila, Director of Communications and Community Engagement; Mike McKinnon, Communications Solutions & Innovation Manager
 DATE: Dec. 18, 2019
 RE: Agenda Item #5- Discuss and take appropriate action on the proposed Calendar Year 2020 meeting dates and times for the Central Health Board of Managers. ACTION ITEM

Summary

The Board of Managers discussed at their Nov. 20 meeting the possibility of changing the time, date/day, and/or location of future board meetings to allow for more members of the public to attend. To gauge community awareness and whether moving board meeting times/dates/days might generate greater attendance and interest, the Communications and Community Engagement Team conducted an online survey Dec. 4 – 9, 2019. Simultaneously, Mike McKinnon, Communications Solutions & Innovation Manager, analyzed associated costs and logistics of moving board meeting days and times and looked at the possibility of special offsite board meetings.

Based on our findings, staff does not recommend changing the meeting date or day. However, a later start time could be considered. Below are points of consideration as well as recommendations.

Stakeholder Survey

Central Health sent a bilingual (Spanish/English) survey to 555 residents who in the past have attended public hearings, Community Conversations, advisory committee meetings, and board meetings, plus we emailed 2016-2019 Community Health Champions and Central Health Equity Policy Council members. Fifty-eight (58) people responded (10.5% response rate) – all English-speaking respondents. This is not a scientific poll representative of Travis County residents. Instead, it's a snapshot of residents who are, or have been, engaged with Central Health.

Survey Toplines:

- 93% of respondents said they were aware Central Health board meetings were open to the public.
- 60% of respondents said they were aware meetings are broadcast live on cable TV, live streamed and available within 12 hours on the Central Health website.
- 70% of respondents indicated they have attended* a Central Health board meeting in the past.

- 68% of respondents said the time and place of meetings is convenient for them; 32% said it isn't convenient. Of those who said the time and place isn't convenient, most mentioned the start time is the biggest barrier, not the date or location.
- Thirteen (13) people who haven't been to meetings said they would consider going if they were held at different time/day.
- 100% of respondents said they would be interested in receiving the agenda in advance as an FYI. 80% said they would like a recap email about the meeting with a link to watch the meeting and specific agenda items.

Of those who said they've attended a board meeting (38)*:

- **Frequency:** 42% of respondents said they have attended between 1-2 board meetings. 33% said they've attended between 3-5 board meetings and 24% said more than 5.
- **Reasons:** Reasons for attending board meetings varied. Below are some overarching themes.
 - To stay informed about health care and health equity issues
 - Fiscal accountability: learn about and get involved in the agency's budget priorities
 - To provide public comment
- **Quality of experience:** 88% found meetings informative and/or useful.

Of those who didn't attend board meetings (16)*:

- **Reasons for not attending:** 31% said the time of day in which board meetings were held is inconvenient; 25% they didn't know when/where they're held; 12.5% said they didn't feel the need to attend; 12.5% said they preferred to watch them on TV/YouTube; and 12.5% said they weren't interested in attending.
- **Likelihood of attending:** 81% (13) of those who didn't attend board meetings said they would be interested in attending in the future.
- **Motivation factors include:**
 - Availability and the time meetings are held
 - The opportunity to influence budget decisions
- **Preference for alternative options:** 81% said they would watch the meeting on TV/YouTube; 19% said they would not.

* Note: 4 respondents chose to skip the attendance question.

Attendance Barriers:

- About 10 people mentioned it is difficult to fight rush-hour traffic. "While the location is central, it should start later to allow people who have a far drive to arrive on time."
- One person said, "I have Bible study every Wednesday night"
- One person stressed the importance of consistent time/days: "Having the meetings on a consistent schedule is good; varying the days or times every month would be confusing and make it more difficult to attend. Having the meetings available to watch online in real time and remotely is extremely helpful and makes the meeting much more accessible."
- 13 (or 87%) of people who haven't been to meetings said they would consider going if they were held at different time/day. Two (13%) said they would not. Summary of comments:



- Multiple people mentioned traffic in relation to the time of the meetings: “Rush-hour traffic across town,” “Work and traffic concerns,” “Time is too early for working people to attend for public comment,” “Time is more critical than day/time.”
- “Location is fine. Different day and a later time would be best. Church is on Wednesday evening.”

Technical and Logistical Considerations

Day of week change

In response to the question of changing the day of the week or the location of Board of Managers meetings, there are several technical and logistical issues to consider with regard to broadcast, particularly live broadcast on Travis County’s cable television channel.

Regardless of the day of the week, Central Health would be able to continue streaming meetings live via our website and YouTube channel exactly as we do now. However, Travis County Media Services indicated numerous issues with regard to the live broadcast on their cable TV channel. If we wish to continue broadcasting live on cable, we would need to consider the Travis County Commissioners Court meeting schedule, which will always pre-empt our own. Their schedule eliminates every Tuesday as well as the second and fourth Thursday of each month. Also, the board should consider meeting schedules of other public entities such the Austin City Council (Thursday meetings), Austin Independent School District (fourth Monday of the month), Del Valle AISD (third Tuesday of the month), Pflugerville School Board (third Thursday of the month).

Scheduling meetings for weekends (which includes after 5 p.m. on Fridays) also presents problems for Travis County, as special arrangements would need to be made to have staff available. While we employ a contractor to produce our meeting broadcasts, Travis County’s Media Services Director also remains on-duty at their control center throughout all live broadcasts to manage any problems that arise and ensure programming is switched to and from the live event. Judge Eckhart may permit one-time instances for special weekend event broadcasts but allowing for a regular weekend schedule would require additional considerations and agreements related to staffing.

If the Board of Managers wishes to change the day of the week for future meetings and retain the same level of broadcast availability we presently offer, Travis County Media Services suggest Monday is the only viable option.

Relocation

An additional request was made to consider relocating Board of Managers meetings. Because our broadcasting system is hardwired into the meeting room, this would require an extra level of planning, consideration and funding.

If the desire is to permanently relocate to an external site, we would need to reconfigure our existing system to either be mobile (i.e. packed up, moved, and set up for each meeting) or permanently

relocated to a single site. In either instance, a contractor would need to be employed to undertake the one-time job.

If a mobile setup to allow for various meeting locations is favored, we must consider the cost of replacing equipment more frequently due to wear and tear, as well as more frequent unreliability of that equipment and the increased staff time to prepare.

If permanent relocation is the plan then agreements would have to be made with the hosting facility to install and house the necessary equipment and infrastructure, including high-speed internet.

In both instances, live broadcast on Travis County's cable TV channel would also be uncertain and somewhat unpredictable, depending on the speed and stability of the available internet connection.

A preliminary estimate ranges from \$8,000-15,000, depending on the permanence of the relocation.

Special offsite meetings

We also considered taking the board meeting on the road for occasional special meetings held offsite, which would allow us to employ an events broadcaster rather than our own equipment and staff. The firm would provide all necessary equipment and personnel to stream our meeting from an offsite location. Again, due to the technical requirements of that system we would likely not be able to broadcast those meetings live on Travis County's cable channel without special arrangements for unrestricted high-speed internet.

There are numerous firms in the Greater Austin region capable of doing this work, with estimates starting at \$4,500 per meeting.

Recommendations

Based on the community survey, we don't believe changing the meeting date or day is warranted. However, a later start time could be considered. Regardless of whether there are changes, the Communications and Community Engagement Team plans to begin sending out the board agenda in advance of meetings and sending a brief follow-up recap email with links to watch specific agenda items beginning in January 2020.

We also believe the board could consider a special offsite board meeting, perhaps during budget season, at a location like the Central Health Southeast Health & Wellness Center or Turner-Roberts Recreation Center. This could provide additional access for residents living in Eastern Travis County.

2020 Central Health Board of Managers Meeting Schedule

All meetings are set to begin at 5:30 p.m.

January 2020	
Budget and Finance Committee	January 22, 2020
Board of Managers	January 29, 2020

February 2020	
Budget and Finance Committee	February 19, 2020
Board of Managers	February 26, 2020

March 2020	
Budget and Finance Committee	March 11, 2020
Board of Managers	March 25, 2020

April 2020	
Budget and Finance Committee	April 15, 2020
Board of Managers	April 22, 2020

May 2020	
Budget and Finance Committee	May 20, 2020
Board of Managers	May 27, 2020

June 2020	
Budget and Finance Committee	June 17, 2020
Board of Managers	June 24, 2020

July 2020	
Budget and Finance Committee	July 15, 2020
Board of Managers	July 22, 2020

August 2020	
Budget and Finance Committee	August 19, 2020
Board of Managers	August 26, 2020

September 2020	
Public Hearing #1	September 9, 2020
Public Hearing #2	September 16, 2019
Board of Managers	September 23, 2020

October 2020	
Budget and Finance Committee	October 21, 2020
Board of Managers	October 28, 2020

November 2020	
Budget and Finance Committee	November 11, 2020
Board of Managers	November 18, 2020

December 2020	
Budget and Finance Committee	December 9, 2020
Board of Managers	December 16, 2020

*All other committees are TBD.



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BOARD MEETING

December 18, 2019

REGULAR AGENDA ITEM 6

Discuss and take appropriate action on information related to Central Health Enterprise compensation philosophy and workforce demographics.

MEMORANDUM

To: Central Health Board of Managers
From: Susan Willars, Enterprise Vice President of Human Resources
CC: Mike Geeslin, President and CEO
Date: December 12, 2019
Re: Agenda Item 6- Update on practices related to Central Health Enterprise employee pay structures and turnover for fiscal year 2019 – ACTION ITEM

PURPOSE

The Central Health Board of Managers expressed interest in the following:

- Understanding the equity of **Central Health Enterprise** salary structures as they relate to gender and race/ethnicity, and
- Including race and ethnicity in the **Central Health proper** turnover data for fiscal year 2019.

Salary Data Analyses

As a reminder, the Central Health Enterprise has three (3) salary structures: non-exempt, exempt non-management & exempt management. Each structure contain positions that are placed in pay grades as determined by market data.

As a follow-up to Board questions regarding pay equity within the salary structures, multiple regression analyses were conducted by category and measured against annual salary to determine a data-driven conclusion on potential pay equity issues involving gender and/or race/ethnicity. The data demonstrates there is no pattern of inequity within the salary structures. The data demonstrates pay grade to be the dominant factor of the differences in annual salary.

About the Analyst

Betsy Good, HR Information Systems and Compensation Analyst conducted the study on employee salary inequities to determine any/all relevant relationships. Ms. Good earned her Master of Science in Industrial/Organizational Psychology from the University of Tennessee. The program from which she graduated focused on formal scientific methods and thinking, advanced univariate and multivariate statistical analysis, experimental design, survey research, and measurement/scale construction. In addition to her advanced education on data analytics, she has ten (10) years of experience working with data and determining the extent of existing relationships. While working as a Human Capital Manager in the Philippines, Ms. Good was responsible for a large-scale validation study as well as an in-depth analyses of turnover across the globe. She also has experience in developing employee feedback surveys and examining all relationships to determine the root causes of turnover and engagement (e.g.).

Action Requested

Based on past board conversations and questions regarding the benchmarking of positions, staff requests the Board take action to approve the hiring of an independent consultant to review and revise Central Health's compensation philosophy to include updating the language and setting the parameters for Central Health's peer group(s). Staff estimates the work to take four (4) weeks

Note: To ensure data integrity and consistency, the same data used in the information provided to you in October was used in this exercise.

including (3) three to (6) six hours of Board time and a cost estimate ranging between \$9,000 to \$11,000.

ENCLOSURES

Attachment 1:

Includes the Enterprise non-exempt salary grades and a high-level overview of the data findings.

Attachment 2:

Includes the Enterprise exempt non-management grades and a high-level overview of the data findings.

Attachment 3:

Includes the Enterprise exempt management grades and a high-level overview of the data findings.

Attachment 4:

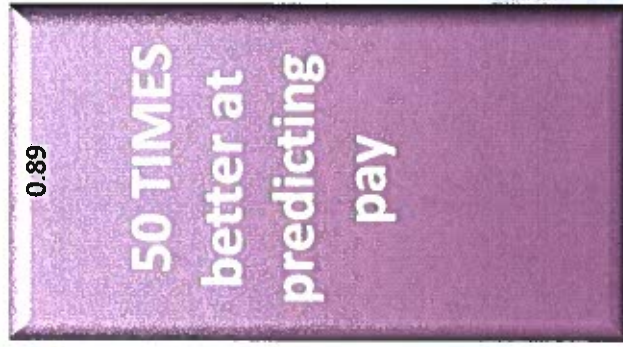
Includes the annual turnover information for Central Health proper by race, ethnicity, and quarterly.

Note: To ensure data integrity and consistency, the same data used in the information provided to you in October was used in this exercise.

ATTACHMENT 1:

Includes the Enterprise non-exempt salary grades and a high-level overview of the data findings.

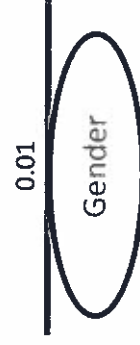
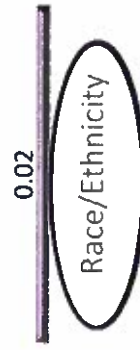
Non-Exempt Hourly Employees



What is **not** Predictive of Salary?



Not significant, zero increase to the model's ability to predict salary



CENTRAL HEALTH



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Enterprise Non-Exempt Salary Data

Average Salaries Shown by Grade, Gender, Experience, and Race/Ethnicity; Showing all NEH Employees

Grade 5:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary
Black or African American	1	38.79	\$37,169.60
Hispanic or Latino	2	9.70	\$34,507.20
Grand Total	3	19.40	\$35,394.67

Grade 6:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Black or African American	2	5.31	\$31,231.20			
Hispanic or Latino	8	11.22	\$34,452.03	2	9.42	\$34,258.23
White	1	1.52	\$28,662.40			
Grand Total	11	9.26	\$33,340.09	2	9.42	\$34,258.23

Grade 7:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary	Not Specified	Yrs. Exp.	Avg. Salary
Asian	1	0.60	\$29,120.00						
Black or African American	25	7.66	\$35,010.25	1	8.40	\$36,878.40			
Hispanic or Latino	247	7.18	\$34,366.35	16	7.58	\$34,756.35	1	2.71	\$31,283.20
Two or More Races	4	4.68	\$32,606.45						
White	16	11.48	\$36,992.25						
Grand Total	293	7.40	\$34,522.75	17	7.62	\$34,881.17	1	2.71	\$31,283.20

Grade 8:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
American Indian or Alaskan Native	1	9.59	\$39,104.00			
Asian	1	8.78	\$39,104.00			
Black or African American	4	11.75	\$39,120.75			
Hispanic or Latino	24	9.00	\$37,220.20	3	17.00	\$39,644.80
Two or More Races	2	9.29	\$37,065.60			
White	6	9.10	\$37,254.71			
Grand Total	38	9.33	\$37,516.71	3	17.00	\$39,644.80

Grade 9:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Black or African American	2	11.13	\$40,855.15			
Hispanic or Latino	17	9.23	\$40,866.27	1	2.13	\$35,152.00
Two or More Races	1	17.30	\$44,004.90			
White	3	10.20	\$40,927.54	1	6.22	\$41,433.60
Grand Total	23	9.87	\$41,009.76	2	4.18	\$38,292.80

Grade 10:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Asian	4	8.10	\$44,165.01			
Black or African American	2	13.81	\$46,744.26	1	12.62	\$45,168.45
Hispanic or Latino	34	12.71	\$44,922.79	7	12.67	\$47,907.87
White	5	10.44	\$43,752.55			
Grand Total	45	12.10	\$44,806.36	8	12.67	\$47,565.44

Grade 11:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Asian	1	2.71	\$41,600.00			
Hispanic or Latino	9	8.27	\$45,022.76	1	8.68	\$46,571.20
White	2	5.31	\$47,579.07	2	14.17	\$50,097.11
Grand Total	12	7.31	\$45,163.58	3	12.34	\$48,921.81

Grade 12:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Asian	1	4.29	\$43,086.37			
Black or African American	2	6.16	\$44,915.83			
Hispanic or Latino	15	11.23	\$48,426.12	4	12.33	\$57,044.83
Two or More Races	1	9.45	\$49,296.83			
White				1	11.30	\$50,594.13
Grand Total	19	10.23	\$47,821.40	5	12.12	\$55,754.69

Grade 13:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Asian	1	1.95	\$41,849.60			
Hispanic or Latino	8	11.99	\$52,414.29	3	11.79	\$56,359.61
White	1	9.89	\$56,371.33			
Grand Total	10	10.77	\$51,753.52	3	11.79	\$56,359.61

Grade 14:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Asian	1	14.60	\$55,452.80			
Black or African American				2	20.07	\$59,748.00
Hispanic or Latino	11	13.29	\$58,103.44	4	10.50	\$56,113.20
White	4	7.75	\$56,812.86	3	8.60	\$53,761.07
Grand Total	16	11.99	\$57,615.13	9	12.00	\$56,136.89

Grade 15:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Black or African American	2	9.79	\$66,093.67			
Hispanic or Latino	2	6.61	\$54,080.00	1	10.84	\$60,653.01
White	3	9.27	\$58,401.20			
Grand Total	7	8.66	\$59,364.42	1	10.84	\$60,653.01

Grade 16:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Native Hawaiian or Other Pacific Islander	1	5.14	\$55,848.00			
White	4	9.80	\$59,992.40	2	6.65	\$64,157.60
Grand Total	5	8.87	\$59,163.52	2	6.65	\$64,157.60

Grade 17:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary	Not Specified	Yrs. Exp.	Avg. Salary
Asian	1	0.33	\$52,832.00						
Black or African American	5	8.10	\$62,865.38	1	11.34	\$56,182.05			
Hispanic or Latino	9	5.01	\$62,059.25	2	9.91	\$63,150.47	1	0.84	\$54,832.00
Two or More Races	1	8.82	\$69,802.72						
White	17	7.93	\$62,564.48	3	4.04	\$59,412.43			
Grand Total	33	6.96	\$62,369.70	6	7.22	\$60,120.04	1	0.84	\$54,832.00

Grade 18:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Asian	1	20.60	\$70,012.80	1	19.56	\$71,131.01
Black or African American	3	9.63	\$74,910.72			
Hispanic or Latino	6	11.00	\$65,870.79			
Native Hawaiian or Other Pacific Islander	1	12.28	\$76,188.74			
White	4	12.49	\$76,269.60	3	8.68	\$68,133.87
Grand Total	15	11.85	\$71,415.79	4	11.40	\$68,883.15

Grade 19:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary
Hispanic or Latino	1	26.61	\$74,008.90

Grade 20:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Asian	1	15.42	\$82,968.50			
Black or African American				1	6.93	\$72,386.91
Hispanic or Latino	2	4.31	\$72,877.67	2	10.42	\$81,284.53
White	6	12.24	\$79,271.92			
Grand Total	9	10.83	\$78,263.93	3	9.26	\$78,318.66

ATTACHMENT 2:

Includes the Enterprise exempt non-management grades and a high-level overview of the data findings.

Non-Management Exempt



What is **not** Predictive of Salary?

Not significant, zero increase to the model's ability to predict salary



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Enterprise Exempt Salary Data

Average Salaries Shown by Grade, Gender, Experience, and Race/Ethnicity; Showing all NME Employees

Grade 17:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Black or African American	3	14.24	\$53,360.84			
Hispanic or Latino	8	12.50	\$51,283.54			
White	2	3.73	\$51,375.35	1	5.49	\$45,385.86
Grand Total	13	11.55	\$51,777.04	1	5.49	\$45,385.86

Grade 18:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Black or African American	1	6.51	\$62,896.86			
Hispanic or Latino	4	7.22	\$46,428.01	1	5.78	\$58,541.34
White	3	4.64	\$50,592.53	1	2.80	\$51,000.04
Grand Total	8	6.16	\$50,048.31	2	4.29	\$54,770.69

Grade 19:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Asian	1	17.43	\$63,280.10			
Black or African American	1	9.35	\$60,141.90			
Hispanic or Latino	7	10.50	\$58,953.25	3	8.28	\$60,572.29
White	4	8.52	\$61,696.83			
Grand Total	13	10.33	\$60,221.70	3	8.28	\$60,572.29

Grade 20:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Asian	2	6.94	\$65,708.89	1	1.84	\$54,144.22
Black or African American	2	7.62	\$63,050.91			
Hispanic or Latino	6	14.87	\$68,270.58	2	12.61	\$69,841.46
Two or More Races	1	9.66	\$68,464.76			
White	7	6.87	\$63,075.15	1	9.44	\$56,708.24
Grand Total	18	9.78	\$65,396.33	4	9.12	\$64,883.85

Grade 21:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Asian	4	9.99	\$70,339.82			
Black or African American	2	11.26	\$67,643.68			
Hispanic or Latino	13	7.38	\$70,180.80			
Native Hawaiian or Other Pacific Islander	1	12.78	\$74,272.38	1	6.63	\$77,158.12
White	15	12.17	\$72,675.77	4	13.28	\$69,787.19
Grand Total	35	10.10	\$71,240.17	5	11.95	\$71,261.37

Grade 22:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Black or African American	1	10.69	\$83,451.16			
Hispanic or Latino	3	8.38	\$77,640.85	1	4.87	\$71,238.70
White	8	7.70	\$77,759.34	2	12.05	\$83,464.94
Grand Total	12	8.12	\$78,204.04	3	9.66	\$79,389.53

Grade 23:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Asian	1	11.00	\$87,458.02			
Black or African American	4	9.59	\$83,291.59			
Hispanic or Latino	7	11.01	\$84,990.32	2	7.06	\$83,229.25
Two or More Races	1	6.02	\$80,461.68	2	9.96	\$90,041.12
White	10	8.94	\$85,855.43	5	7.84	\$81,166.18
Grand Total	23	9.65	\$84,981.42	9	8.14	\$83,596.85

Grade 24:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary	Not Specified	Yrs. Exp.	Avg. Salary
Asian	1	10.58	\$96,204.16	1	13.58	\$91,610.48	1	6.62	\$90,816.96
Black or African American	3	10.25	\$101,216.53						
Hispanic or Latino	1	9.48	\$96,204.42						
White	7	8.97	\$101,932.96	3	10.83	\$94,408.17			
Grand Total	12	9.46	\$100,799.08	4	11.52	\$93,708.75	1	6.62	\$90,816.96

Grade 25:

Race/Ethnicity	Males	Yrs. Exp.	Avg. Salary
Asian	1	4.58	\$94,818.10
White	1	4.37	\$105,824.68
Grand Total	2	4.48	\$100,321.39

Grade 26:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Asian	3	10.20	\$124,491.81			
Hispanic or Latino	2	10.74	\$124,087.73	2	12.01	\$121,378.79
White	7	5.56	\$111,513.48	3	4.22	\$94,290.65
Grand Total	12	7.58	\$116,853.77	5	7.33	\$105,125.90

ATTACHMENT 3:

Includes the Enterprise exempt management grades and a high-level overview of the data findings.

Leadership



What is **not** Predictive of Salary?



Not significant, zero increase to the model's ability to predict salary



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Enterprise Leadership Salary Data

Average Salaries Shown by Grade, Gender, Experience, and Race/Ethnicity; Showing all LEX Employees

Grade 29:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary
Black or African American	1	3.44	\$49,541.70
White	1	14.50	\$65,109.98
Grand Total	2	8.97	\$57,325.84

Grade 30:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary
Hispanic or Latino	1	20.79	\$64,974.00

Grade 31:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary
Hispanic or Latino	1	4.40	\$72,000.24

Grade 32:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
American Indian or Alaskan Native				1	12.78	\$81,451.50
Hispanic or Latino	3	14.90	\$82,124.99			
White	2	9.94	\$82,491.50	1	11.80	\$81,512.08
Grand Total	5	12.91	\$82,271.59	2	12.29	\$81,481.79

Grade 33:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary
Asian	1	15.46	\$88,500.10
Black or African American	2	13.25	\$84,126.64
Hispanic or Latino	8	10.79	\$85,342.08
White	13	12.07	\$90,465.80
Grand Total	24	11.89	\$88,147.72

Grade 34:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Asian	1	1.31	\$105,000.22			
Hispanic or Latino	7	13.79	\$103,801.95			
White	5	12.04	\$104,062.92	3	7.24	\$95,961.06
Grand Total	13	12.16	\$103,994.50	3	7.24	\$95,961.06

Grade 35:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Black or African American	1	8.81	\$110,000.02			
Hispanic or Latino	1	19.57	\$112,401.64	1	12.84	\$89,367.98
White	4	10.86	\$103,842.51	3	11.48	\$115,539.49
Grand Total	6	11.97	\$106,295.28	4	11.82	\$108,996.62

Grade 36:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Asian				1	10.06	\$127,144.16
Hispanic or Latino	4	13.36	\$126,211.22	1	15.58	\$111,001.02
White	4	14.03	\$124,359.11	2	11.34	\$125,727.81
Grand Total	8	13.70	\$125,285.16	4	12.08	\$122,400.20

Grade 37:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Asian	7	10.36	\$122,862.18	2	7.75	\$110,059.56
Hispanic or Latino	4	7.90	\$119,887.82			
Native Hawaiian or Other Pacific Islander	1	12.87	\$152,303.58			
White	6	13.24	\$136,939.66	4	11.23	\$119,367.89
Grand Total	18	10.91	\$128,529.34	6	10.07	\$116,265.11

Grade 38:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Hispanic or Latino	1	11.09	\$154,050.26	1	11.82	\$121,539.86
White	4	12.86	\$144,305.66	3	14.65	\$157,715.31
Grand Total	5	12.51	\$146,254.58	4	13.95	\$148,671.45

Grade 39:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary
White	2	13.48	\$161,232.63

Grade 40:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Hispanic or Latino	1	4.34	\$195,700.18	1	20.48	\$174,999.76
Two or More Races				1	12.91	\$190,457.54
White				2	16.70	\$182,728.65
Grand Total	1	4.34	\$195,700.18	2	16.70	\$182,728.65

Grade 41:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Asian	1	23.00	\$233,398.10			
White	1	10.43	\$182,999.96	1	10.67	\$200,000.06
Grand Total	2	16.71	\$208,199.03	1	10.67	\$200,000.06

Grade 42:

Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Asian	1	12.32	\$155,221.56			
Black or African American	1	1.51	\$180,000.08	1	14.11	\$297,950.38
Hispanic or Latino	2	15.22	\$198,679.00			
White	2	14.16	\$200,000.06	4	12.32	\$220,674.09
Grand Total	6	12.10	\$188,763.29	5	12.68	\$236,129.35

Grade 43:

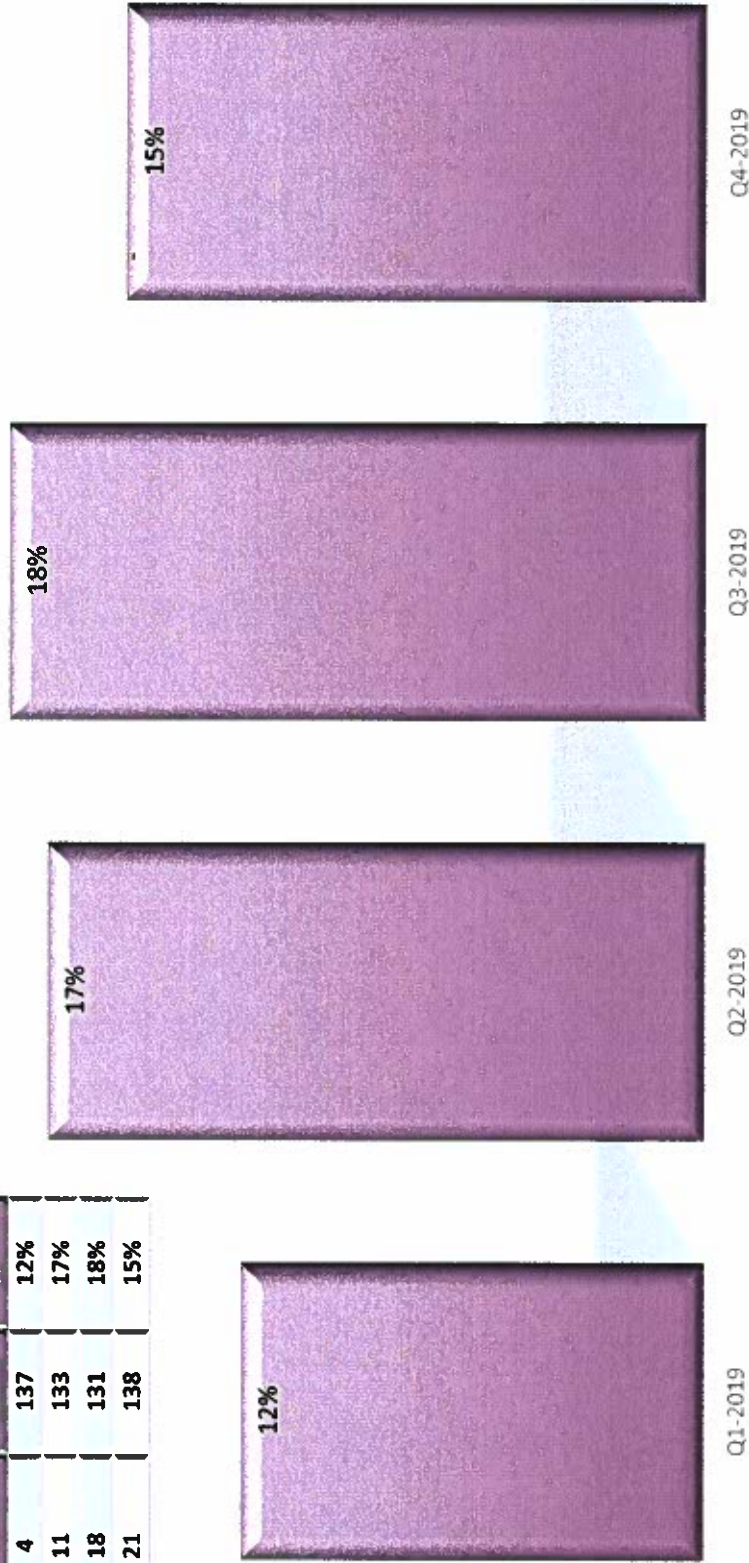
Race/Ethnicity	Females	Yrs. Exp.	Avg. Salary	Males	Yrs. Exp.	Avg. Salary
Hispanic or Latino	1	11.44	\$180,249.94			
White	1	8.54	\$200,000.06	1	13.35	235,000.22
Grand Total	2	9.99	\$190,125.00	1	13.35	235,000.22

ATTACHMENT 4:

Includes the annual turnover information for Central Health proper by race, ethnicity, and quarterly.

Central Health Turnover Data

Period	Terminations*	Head-count	Turnover %***
Q1-2019	4	137	12%
Q2-2019	11	133	17%
Q3-2019	18	131	18%
Q4-2019	21	138	15%



*Cumulative per quarter

**Turnover for all quarters in 2019 (less Q4) have been annualized. The equation is $(\text{terminations}/\text{headcount}) * (12 \text{ months}/\# \text{ of months in calculation})$.



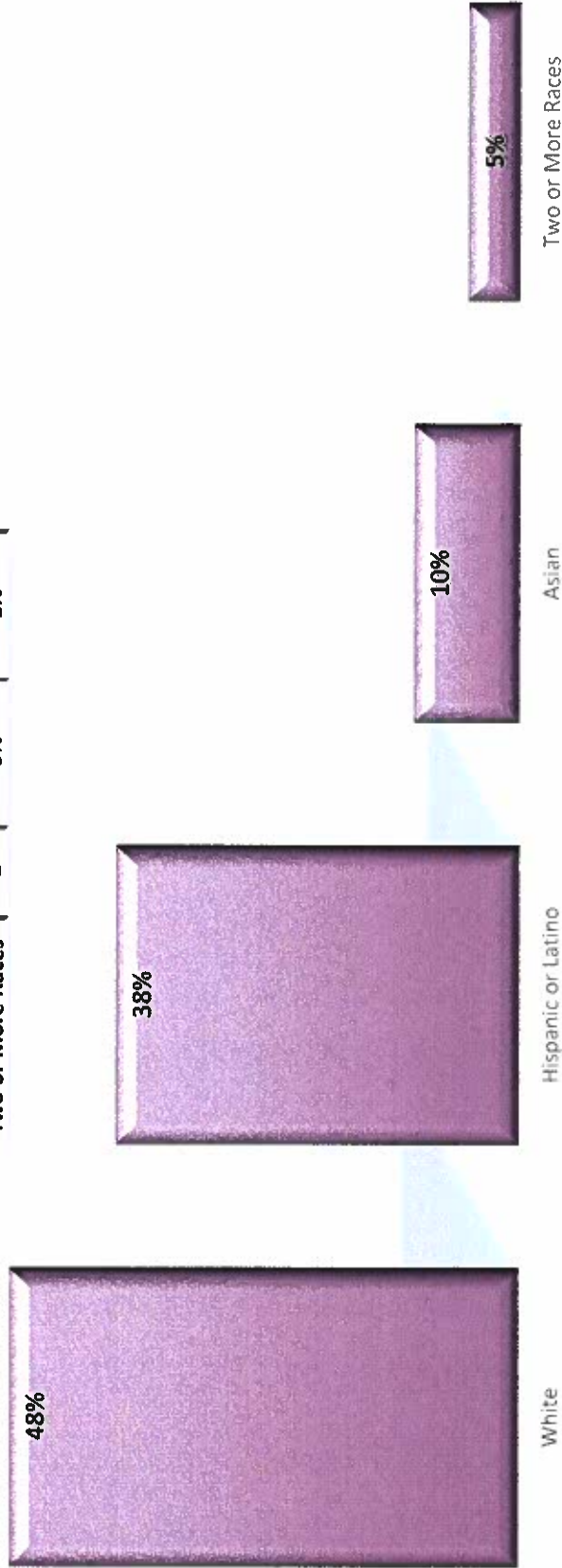
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Central Health Turnover Data

Race/ Ethnicity	Total Count	Proportion of Turnover	Population Proportion
White	10	48%	43%
Hispanic or Latino	8	38%	40%
Asian	2	10%	5%
Two or More Races	1	5%	1%



*Cumulative per quarter
 **Turnover for all quarters in 2019 (less Q4) have been annualized. The equation is $\frac{\text{terminations}/\text{headcount}}{12 \text{ months}/\# \text{ of months in calculation}}$.



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DATE: November 15, 2019

TO: Central Health Board of Managers

FROM: Susan Willars, Enterprise VP of HR

SUBJECT: Compensation & Workforce Demographic Follow Up

PURPOSE

The purpose of this memorandum is to follow-up on the requests made by the Board of Managers on October 30, 2019 during the Compensation and Workforce Demographic presentation, and to recommend further action to update Central Health’s compensation philosophy.

INFORMATION

During the Compensation and Workforce Demographic presentation, the Board of Managers received information and an overview on the following items:

- Brief overview of the Compensation Philosophy;
- Overview of the salary structures and the salary survey process;
- The composition of the three (3) salary structures;
- An analysis of average salaries grouped by salary grades and compared to race/ethnicity, gender and years of experience; and
- Enterprise and Central Health demographic breakdown of staff by race, ethnicity, gender and age.

REQUESTS

The Board of Managers requested the following information:

- An analysis of average salaries by grade in comparison to race/ethnicity, gender and years of experience;
- A copy of the most recent EEO-4 report that breaks down the employee data by different EEO categories, such as *Official, professionals, administrative, etc.*;
- A demographic report with a breakdown of staff by executives, management and administrative categories
- Reconsideration of the peer group process that Central Health utilizes to benchmark positions; and
- Turnover data to include race and ethnicity of the individuals exiting the organization.

ENCLOSURE

We have included the category breakdown section of the EEO-4 report that was filed in September 2019, and a spreadsheet sorting the Enterprise staff into executive, management and staff categories.

RECOMMENDATIONS

To address the salary survey peer group discussion and request, I recommend the Board of Managers work with an independent consultant to review and revise Central Health’s compensation philosophy to include updating the language and setting the parameters for Central Health’s peer group(s).

NEXT STEPS

The following items will be part of your December Board packet:

- The analysis of average salaries by grade in comparison to race/ethnicity, gender, and years of experience; and,
- Turnover data to include race and ethnicity



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

November 20, 2019

REGULAR AGENDA ITEM 7

Receive and discuss an update on an agreement with Social Finance, Inc., and its subsidiary PAATH, LLC, for permanent supportive housing and wraparound services to be provided to homeless Travis County residents.

MEMORANDUM

To: Central Health Board of Managers

From: Holly Gummert, Assistant County Attorney

CC: Mike Geeslin, Central Health President and CEO

Date: December 13, 2019

Re: Item 7- Receive and discuss an update on an agreement with Social Finance, Inc. and its subsidiary, PAATH LLC, for permanent supportive housing and wraparound services to be provided to homeless Travis County residents.

Overview

In June 2019, the Central Health Board voted to allocate funds for a Pay for Success Project (the “Project”) designed to improve the health of homeless Travis County residents on five conditions. This memorandum will explore the following condition in more detail:

Any agreement executed with PAATH LLC must include a provision that requires 60% of all Project participants to be eligible or currently enrolled in the Medical Access Program (“MAP”).

Specifics

At the time the condition described above was established, there were three potential health care payors¹ for the Project, each of whom were set to contribute a similar amount of funds² to PAATH LLC for the Project. Those payors were Central Health, the Community Care Collaborative (the “CCC”), and the Episcopal Health Foundation. As of October 1, 2019, the Community Care Collaborative’s previously anticipated payment was shifted to Central Health, which budgeted \$600,000 for the Project in Fiscal Year 2020. The overall payment expected from both health care payors for the Project remained constant at \$1 million per year.

Although, given the respective contributions of the aforementioned health care payors, it seems logical to expect that the total percentage of Project participants who are eligible or enrolled in MAP be set at 60%, it should be noted that outcome payments are not tied to the eligibility or enrollment status of the participant. Each health care payor is responsible for making outcome payments for all Project participants. Put another way, neither payor is excused from making an outcome payment on the basis that the Project participants who achieved outcomes are or are not eligible or enrolled in MAP. For instance, Central Health cannot direct that the funds it contributes to the Project be earmarked for outcomes achieved by Project participants who are eligible or enrolled in MAP. If any cohort³ of Project participants experiences a reduction in the number of emergency room visits or inpatient hospitalization days, Central Health would be obligated to

¹ For purposes of this memorandum, the term “payor” is an entity that will commit funds to be applied to outcome payments pursuant to a Payor Contract. It does not include Ascension Seton or the United States Department of Housing and Urban Development, which will provide grant funding for the project to the tune of \$1,000,000 and \$500,000, respectively.

² Central Health and the CCC were each expected to contribute \$300,000 per year, whereas the Episcopal Health Foundation was expected to contribute \$400,000 per year.

³ Participants will be divided into three (3) cohorts (“Cohorts”) for the purposes of measuring outcomes. Cohort 1 is defined as all Participants enrolled in the Project from Month 1 through and including Month 12.

make an outcome payment to PAATH LLC. This is a fact that becomes particularly relevant during the first 18 months of the Project when *pilot program participants* are included in the calculation of health care outcomes.

Pilot Program Participants

Pilot Program Participants are homeless individuals who are receiving Modified ACT services through the “ImpACT” PFS pilot program. ACT stands for Assertive Community Treatment. ACT is an evidence-based practice that has been shown to improve outcomes for people with severe mental illness who are most at-risk of psychiatric crisis and hospitalization and involvement in the criminal justice system.

Under the terms of the current agreement with PAATH LLC, up to twenty-four (24) pilot program participants will be enrolled in the Project, regardless of whether they meet all of the eligibility criteria that apply to new Project enrollees, during the first 12 months of the Project. Because these Pilot Program Participants have been receiving services already, they have the potential to skew the calculation of health care outcomes in a way that would trigger an outcome payment. To control for this variable and ensure Central Health's payments are tied to health services delivered and outcomes achieved by pilot program participants as a result of the current Project, Central Health staff tasked Social Finance, Inc. with developing a modified method for calculating the outcomes achieved by pilot program participants. Social Finance’s proposed method is set forth below:

- **Pilot Program Participants 18-month Baseline Period ("Baseline Period"):** Average number of days and/or visits experienced by Pilot Program Participants during the 18-Month period prior to enrollment in the ImpACT PFS pilot program AND in the 18-Month period prior to enrollment in the Project.
- **Pilot Program Participants 18-month Post Period ("Post Period"):** Number of days and/or visits experienced by Pilot Program Participants in the 18-month period post launch of the Project
- **Pilot Program Participant Payment Calculation:** Payments will be made based on the Pilot Program Participants’ actual outcomes using the following formula:
 - $((\text{Sum of all Pilot Participants "Baseline Period"} - \text{Sum of all Pilot Participants "Post Period"}) / \text{Sum of all Pilot Participant "Baseline Period"}) * \# \text{ of Pilot Participants} * \text{Price per outcome}$



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

BOARD MEETING

November 20, 2019

REGULAR AGENDA ITEM 8

Receive a report of the November 2019 financial statements for Central Health.



MEMORANDUM

To: Central Health Board of Managers
CC: Mike Geeslin, President and CEO
Jeff Knodel, CFO
From: Lisa Owens, Deputy CFO
Date: December 12, 2019
Re: Central Health Preliminary Financial Reports

Overview

The November financial reports for Central Health will include a balance sheet summary and high level comments on the year to date activities.

Synopsis

As we begin the new fiscal year at Central Health, the finance team is dedicated to multiple priorities in our first quarter: our annual external audit, redesigning our financial reporting package to align with new budgeted activities and excellence in our financial operations. We are sharing a Balance Sheet as November 30th, 2019 as our focus at this early date in the fiscal year is on cash position and liquidity. Next week, we will also report high level summary of November year-to-date activity. At this time of the year, our budget to actual expenditures are low and in alignment with the anticipated spending, however the changes to our budgeted activities this year require new reporting design and we anticipate this comprehensive information to be complete for the first quarter reporting.

Action Requested

This item is informational; no Board action is required at this time.



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Central Health

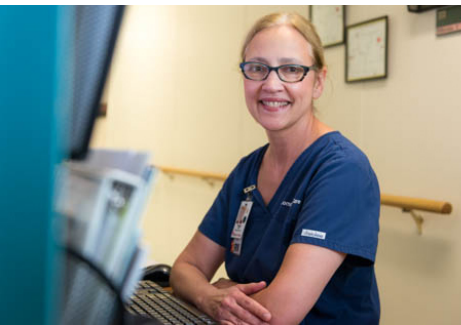
Financial Statement Presentation

FY 2020 – as of November 30, 2019 (Preliminary)

Central Health Board of Managers Meeting

December 18, 2019

Lisa Owens, Deputy CFO





November 2019 Financial Highlights

Central Health

- Year-to-date through November, collected net property tax revenue is \$9 million compared to \$12 million as of November 2018.
- DSH - Disproportionate Share IGT \$7.3 million through November 2019.
- Healthcare Delivery is expected to be approximately \$24 million for the two months ending 11/30/2019.
- Net Assets decreased \$14 million from 9/30/2019 to 11/30/2019.
- TCHD LPPF UHRIP IGT in November of \$19 million, balance restricted for LPPF as of 11/30/2019 is \$2 million.

Preliminary

101



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

Assets	Preliminary as of 11/30/2019	as of 11/30/2018
Current Assets		
Cash and cash equivalents	1,590,655	1,573,927
Short-term investments	92,246,569	71,378,337
Ad valorem taxes receivable	211,042,626	189,899,631
Other receivables	3,998,275	5,891,969
Prepaid expenses	1,140,817	1,294,279
Total Current Assets	310,018,942	270,038,144
Restricted Cash and Investments or Noncurrent		
Restricted for capital acquisition	5,751,552	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	2,078,973	-
Total Restricted Cash and Investments or Noncurrent	119,913,525	98,411,247
Capital Assets		
Land	12,546,211	11,770,184
Buildings and improvements	130,395,330	134,354,256
Equipment and furniture	9,576,645	8,779,252
Construction in progress	1,698,207	196,006
Less accumulated depreciation	(43,824,463)	(40,679,197)
Total Capital Assets	110,391,931	114,420,501
Total Assets	540,324,397	482,869,892

Preliminary

102



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

Liabilities	Preliminary as of 11/30/2019	as of 11/30/2018
Current Liabilities		
Accounts payable	14,962,949	1,059,450
Salaries and benefits payable	1,327,011	781,212
Other Payables	91,853	90,127
Debt service payable, short-term	1,146,610	1,119,799
Deferred tax revenue	208,655,534	187,845,355
Other deferred revenue	1,440,712	-
Total Current Liabilities	<u>227,624,669</u>	<u>190,895,943</u>
Restricted or Noncurrent Liabilities		
Funds held for TCHD LPPF	2,078,973	
Debt service payable, long-term	7,285,000	8,350,000
Deferred Revenue	610,000	
Total Restricted or Noncurrent Liabilities	<u>9,973,973</u>	<u>8,350,000</u>
Total Liabilities	<u>237,598,642</u>	<u>199,245,943</u>
Net Assets		
Unrestricted	192,333,824	169,203,448
Investment in Capital Assets	110,391,931	114,420,501
Total Net Assets	<u>302,725,755</u>	<u>283,623,949</u>
Liabilities and Net Assets	<u><u>540,324,397</u></u>	<u><u>482,869,892</u></u>

Preliminary

103



Questions ? Comments ?



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

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

Our Values

Central Health will achieve excellence through:

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BOARD MEETING

December 18, 2019

REGULAR AGENDA ITEM 9

Receive a report of the November 2019 financial statements for the Community Care Collaborative.



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BOARD MEETING

December 18, 2019

REGULAR AGENDA ITEM 10

Discuss and take appropriate action on a request by Sendero Health Plans, Inc. to modify Amended and Restated Debenture No. 1, issued by Sendero to Central Health 12/31/2015.

Memo

To: Central Health
From: Sendero Health Plans
Date: 12/12/2019
Re: Request to Amend Surplus Debenture No. 1 – ACTION ITEM

Overview

Under statutory accounting there is a provision that allows capital infusions to be done in the form of issuance of a surplus debenture so that the infusion counts as capital for the plan also allows a method to share in future surplus gains to the payer; examples of this are sale, merger or excess net income.

Sendero has issued two debentures to Central Health. The second debenture is subordinated to the first one (all principal and interest on the first debenture must be paid in full before there is any obligation under the second one).

Surplus Debenture No. 1 effective 12/31/2015
Total \$17.083 million
Payment calculation date: December of every year
Surplus Floor: 375% RBC

Because of positive developments in 2019 the surplus floor was triggered, and if the debenture is not amended, Sendero is required to report a liability at year-end 2019 for the cumulative principal and interest.

Because of the volatility of Sendero's financial results Sendero requests an adjustment for the RBC to be a rolling 3 year average of 500%. This assures capital stability and the financial wherewithal before any disbursements are made under the debenture.

Action Requested:

Amend Sendero Surplus Debenture issued on 12/31/2015.



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BOARD MEETING

November 20, 2019

REGULAR AGENDA ITEM 11

Discuss and take appropriate action on 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, VP, Enterprise Alignment and Coordination
Date: December 12, 2019
Re: Agenda item 11- 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. As of December 12, 2019, 534 people have completed enrollment or re-enrolled in CHAP Expansion.

Synopsis

Through a coordinated Enterprise effort, Central Health Enrollment and Eligibility utilized both written communication and an aggressive outbound call campaign through the United Way call center to reach out to 1,503 new identified CHAP Expansion individuals during the open enrollment period.

Sendero outreach and case management staff, including the Community Health Worker assigned to each current CHAP Expansion member, directly contacted the 201 members who were currently enrolled prior to the start of open enrollment. Each member who has reenrolled has verified financial eligibility as well as current residency in Travis County.

Recognizing the historic member attrition rates through the course of the year and available budget, Central Health's CFO recommended enrollment over 500 to maximize the potential risk adjustment over the course of the year.

- Number of existing CHAP Expansion enrolled in Calendar Year 2020 154
New CHAP Expansion members 380

Total CHAP Expansion enrollment for Calendar Year 2020 534



New 2020 Members

Central Health data and analytics team identified 1,777 individuals with a risk score of 6 or greater. The individuals all had active coverage at some point in 2018 but not all were actively enrolled when outreach for CHAP Expansion began.

- 372 people with Risk Scores of 15 or greater
- 382 people with Risk Scores of 10-14.9
- 603 people with Risk Scores of 7-9
- 420 people with Risk Scores of 6-6.9

Current Central Health analysis has calculated a current average risk score of roughly 12.97 for the 380 newly enrolled CHAP Expansion Members.

Financial Impact

Central Health Board of Managers approved \$7 Million in funding for continuing the CHAP Expansion program for approximately 500 people in adopting the Fiscal Year 2020 budget on September 18, 2019. Current financial impact is tracking with the allocated funding.

Action Requested

This is an informational item and no action is required. Open enrollment began November 1 and closes December 15, 2019. Additional updates will be provided for the Board of Managers through the close of open enrollment. Final report out is planned for February 2020.



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BOARD MEETING

December 18, 2019

REGULAR AGENDA ITEM 12

Discuss health care service delivery expansion in Eastern Travis County, including project timelines.¹



MEMORANDUM

To: Central Health Board of Managers
From: Stephanie Lee McDonald, VP of Enterprise Alignment & Coordination
Cc: Mike Geeslin, President & CEO
Date: December 12, 2019
Re: Agenda Item 12- Discuss and take appropriate action on health care service delivery expansion in Eastern Travis County, including project timelines. INFORMATIONAL ITEM

Overview:

Pursuant to the direction provided by the Board of Managers in both the Fiscal Years 2019 and 2020 Budget Resolutions, Central Health entered into a ground lease for land owned by Travis County Fire Rescue (TCFR) at Emergency Services District Four (ESD 4) to serve the health care needs of the Austin's Colony and Hornsby Bend communities. On December 10, 2019, a modular unit was delivered to the site and current projections have the site constructed in January 2020. A grand opening event with the community is slated for late January and the Board of Managers will be notified when the date is confirmed.

Synopsis:

Through a collaborative working partnership with CommUnityCare, Central Health executed a ground lease with TCFR for the property owned by ESD4 at 14312 Hunter's Bend Road, 78723. The modular unit was ordered using capital funds from the \$1.5 Million dedicated to Eastern Travis County expansion in FY 2019. CommUnityCare received the necessary approvals from the federal Health Resource Services Administration (HRSA) and the current schedule has the first patients receiving care on January 20, 2020.

In partnership with the Advisory Committee and community leaders, Central Health and CommUnityCare are working on a grand opening event. Currently, the event is scheduled for January 25, 2020.

Financial Impact:

The modular, as well as ancillary site preparation and construction costs, are included in the Central Health Capital Budget. All of the funds are part of the \$1.5 Million dedicated for Eastern Travis County Expansion in the Capital Budget.

Action Requested:

This item is informational. No action is requested at this time.



MEMORANDUM

To: Central Health Board of Managers
From: Stephanie Lee McDonald, VP of Enterprise Alignment & Coordination
Cc: Mike Geeslin, President & CEO, Jon Morgan, COO, Health Care Delivery Operations
Date: December 12, 2019
Re: Agenda Item 12—Discuss and take appropriate action on health care service delivery expansion in Eastern Travis County, including project timelines. INFORMATIONAL ITEM

Overview:

Pursuant to the direction provided by the Board of Managers in both the Fiscal Years 2019 and 2020 Budget Resolutions, Central Health entered into negotiations for an Inter Local Agreement (ILA) with Travis County Fire Rescue (TCFR) at Emergency Services District Eleven (ESD 11). This ILA would permit the operations of clinical services in Southeast Travis County by the University of Texas School of Nursing (UTSON). The Central Health Board of Managers approved an ILA on October 20, 2019 with TCFR. However, TCFR was not able to execute the proposed ILA and terminated negotiations.

In early December, a new proposal was sent by TCFR and the UTSON to the Central Health President & CEO for consideration. This proposal is under review and will come back with a recommendation at the January 2020 Central Health Board of Managers meeting.

Synopsis:

TCFR and the UTSON have agreed to a partnership to utilize an existing fire station located at 8203 South US Highway 183 to establish a health center. The goal of the health center is address both medical and non-medical needs of patients and families within a five zip code area closest to the address. These zip codes are 78617, 78719, 78744, 78747, and 78610.

TCFR has committed to refurbish the second story of the existing fire station for use by the UTSON. The approximated 2,600 square feet area could support six exam rooms as well as laboratory services, education and eligibility and enrollment services, in addition to the provision of other social services.

Health Care Delivery and Health Resource Development staff at Central Health are reviewing the proposal and have been in conversation with the UTSON. A recommendation is scheduled to come to the Central Health Board of Managers at your January 2020 meeting.

Financial Impact:

Currently, UTSON has requested \$600,000 for financial support. \$300,000 is budgeted for furniture, equipment and signage. The additional \$300,000 is requested for operating costs including rent and utility costs. UTSON has been advised that the current proposal may not comply with federal anti-kickback laws and may propose modifications.

Action Requested:

This item is informational. No action is requested at this time.



MEMORANDUM

To: Central Health Board of Managers
From: Stephanie Lee McDonald, VP of Enterprise Alignment & Coordination
Cc: Mike Geeslin, President & CEO
Date: December 12, 2019
Re: Agenda Item 12—Discuss and take appropriate action on health care service delivery expansion in Eastern Travis County, including project timelines. INFORMATIONAL ITEM

Overview:

Pursuant to the direction provided by the Board of Managers in both the Fiscal Years 2019 and 2020 Budget Resolutions, Central Health has been pursuing a two part strategy to deliver health care services to the Colony Park area. Evaluation and program improvement of existing services including mobile health, eligibility services, and food and wellness services are in implementation. An Interlocal Agreement (ILA) for evaluation and assessment of placing a permanent health center in the Colony Park Community has been postponed until the Austin City Council Meeting on January 23, 2020. This memorandum serves as an update on work performed since the November meeting.

Synopsis:

Current services:

Active services in the Colony Park/Lakeside Communities as of December 12, 2019 include both regularly scheduled clinical as well as eligibility services. Regularly scheduled services include mobile health services provided by CommUnityCare (CUC) and Farmshare Austin produce market at Barbara Jordan Elementary and mobile health services at the Turner Roberts Recreation Center. Central Health Eligibility Services occur by appointment at the Volma Overton Elementary Northeast Resource Center by appointment.

Services in development:

An Enterprise level team is evaluating the existing health indicator data in addition to other demographic and clinical data available for the Colony Park community. This evaluation will be brought to the Colony Park community for validation as well as input in a shared-decision making process as to the programs and services needed and desired by the community. At the start of the new-year, Central Health will hire a dedicated program manager to serve in the Colony Park community. This includes being actively engaged with the existing Advisory Committee and working with the current project team in ensuring delivery of the programs and services that the Colony Park community validates.

Central Health is contributing project management support to build upon the pilot program that was launched in both the Colony Park and Creedmoor communities earlier this fall. This

program is currently planning quarterly mobile resource events centered on services that impact the Social Determinants of Health. Included in these discussions currently are CommUnityCare, Texas Capital Bank, Central Texas Food Bank, and a new organization led by Ashton Cumberbatch to bring services to Eastern Travis County. The first event is tentatively scheduled for April, 2020 in the Colony Park community. Central Health is working with AISD to host the event potentially at the Delco Center given the large number of mobile units deployed.

Permanent Health and Wellness Center Development:

Central Health received a draft ILA from the City of Austin in late November. The first (cost sharing of due diligence and site evaluation) interlocal agreement is under legal review and requires adoption by both the Central Health Board of Managers and the Austin City Council. Action by the Austin City Council has been postponed to their January 23, 2020 meeting. Review and action by the Central Health Board of Managers is also scheduled for January 2020.

Financial Impact:

A salary for a full time program manager was not expressly budgeted in the FY 2020 budget. However, Central Health Finance have found the resources within the operating budget to support the additional salary and benefits.

Action Requested:

This item is informational. No action is requested at this time.



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BOARD MEETING

December 18, 2019

REGULAR AGENDA ITEM 13

Discuss Central Health owned or occupied real property, and potential property, for acquisition or lease.¹



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BOARD MEETING

December 18, 2019

REGULAR AGENDA ITEM 14

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



MEMORANDUM

To: Central Health Board of Managers
CC: Mike Geeslin, President and CEO, Central Health
From: Jon Morgan, Chief Operating Officer, Central Health
Kit Abney Spelce, Sr. Director Eligibility Services, Central Health
Date: December 13, 2019
Re: Agenda item 14- Update on Analysis for Extending MAP eligibility from 6 to 12 months- *INFORMATIONAL ITEM*

Overview

The Central Health Board of Managers FY2020 Budget Resolution identified extending Medical Access Program (MAP) coverage from six to twelve months as an important activity to support Central Health's Strategic Goals and Objectives. **This memo provides an analysis of MAP member renewal patterns and shows that 65% of individuals enrolled during the evaluation period would benefit from extending eligibility.** Increasing the enrollment period from six to twelve months not only prevents gaps in coverage, but also aligns with other health care programs and reduces client and staff administrative burden.

Synopsis

Background

Prior to 2017, MAP enrollment remained relatively flat. In January 2017, two Board-approved MAP eligibility changes went into effect: The first raised the MAP income limit of all Travis County residents, regardless of their U.S. residency status, to 50% of the Federal Poverty Level. The second raised the MAP income limit for those diagnosed with two or more chronic conditions to 100% regardless of their residency status. Since these increases in income limits were implemented, MAP enrollment has trended upward: 44,415 unique members in FY17, 46,746 in FY18 and 50,261 in FY19.

Analysis and discussion of increasing the MAP coverage period to twelve months has been ongoing. Beginning August 2017, staff has given benefit redesign presentations to the Community Care Collaborative (CCC) Executive Workgroup, which included expanding the coverage period to twelve months along with creating a new coverage program (MAP BASIC). Through July 2018, staff presented a deeper analysis of twelve-month MAP coverage to the CCC Workgroup as well as leadership from Dell Medical School and CommUnityCare.

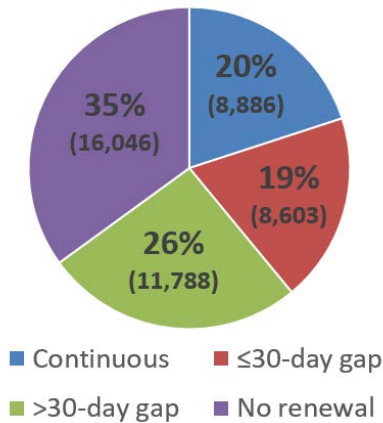
The information provided tonight and over the next few months includes updated analysis used in past presentations, along with a new analysis of the demographic makeup of the MAP population that would be impacted by increasing the coverage period to twelve months.



Analysis

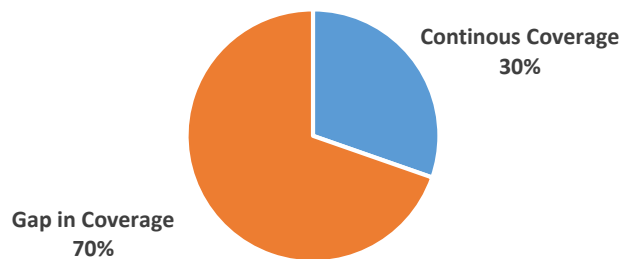
To fully understand member renewal patterns within a 12-month period, an assessment of individuals enrolled in MAP between April 1, 2017 and March 31, 2018 was performed. Members were classified by various demographic cohorts and renewal patterns: continuous enrollment, ≤30-day enrollment gap, >30-day enrollment gap or no renewal within one year of MAP enrollment termination.

FY17-FY18 TOTAL UNIQUE MEMBERS: 45,323



Gender	50.39% male, 49.61% female
Age	Mean: 41.66 years of age, Standard Deviation 15.29
Race/Ethnicity	57.21% Hispanic, 16.57% Anglo, 12.32% African-American, 13.9% Other/Unknown
Language	English 57.85%, Spanish 37.88%, Other 4.27%
Citizenship	U.S. Citizen 55.75%, LPR 7.2%, Neither 37.05%
2+ Chronic Eligibility	No 80.77%, Yes 19.23%
Homeless / \$0 Copay	No 74.94%, Yes 25.06%

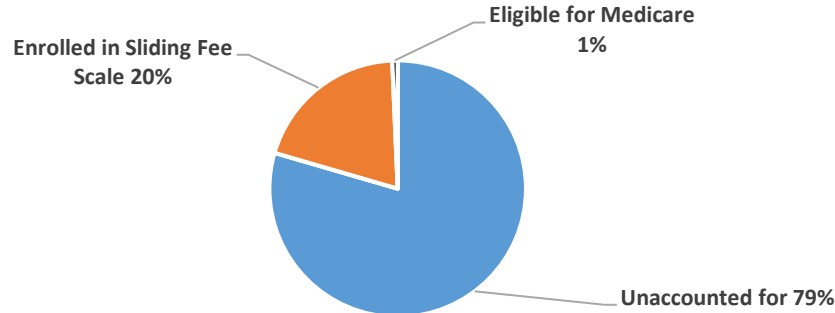
INDIVIDUALS RE-ENROLLED IN MAP: 29,277



65% (29,277) of the 45,323 MAP members analyzed renewed and remained eligible for MAP within 12 months of enrollment. However, 70% (20,391) of these eligible members experienced a gap in coverage ranging from 1-364 days.



INDIVIDUALS NOT RE-ENROLLED IN MAP: 16,046



Individuals who did not re-enroll in MAP but instead enrolled in sliding fee scale (SFS) may have done so due to their improved financial status. Another possible reason for this is that they were MAP-eligible, but did not present sufficient documentation to be enrolled in MAP, and were therefore enrolled in SFS, which has less strenuous documentation requirements.

It is unknown why the 12,757 unaccounted-for individuals did not renew their coverage, but likely reasons include the following: experiencing homelessness, moving out of Travis County, only seeking MAP for episodic care, improved financial status or obtaining insurance.

Of note, individuals not re-enrolled within the 12-month period tended to be disproportionately younger, male, U.S. citizens, of non-Hispanic heritage, who do not have two or more chronic conditions. There is also a higher proportion of homeless individuals who do not renew than in the other categories.

Conclusions

Having a 12-month MAP enrollment period would have benefited the evaluated population in the following ways:

- **For the almost 30,000 eligible individuals who re-enrolled, it would have reduced the administrative burden of re-applying for MAP.**
- **For over 20,000 eligible individuals whose coverage lapsed, it might have reduced the likelihood these patients delayed care, skipped medications, or grappled with out-of-pocket costs.**

Additionally, reducing the number of individuals required to re-enroll during a 12-month period will allow Central Health eligibility staff to devote more time to assisting individuals with enrollment into other coverage programs such as CHIP, CHIP Perinate, Medicaid, Medicaid for Pregnant Women and MAP BASIC.



There is potential risk that individuals enrolled may become ineligible during the longer MAP enrollment period. 7% of members analyzed were found to be ineligible for MAP at the time of renewal and were enrolled into a SFS program. To mitigate ineligible members continuing to stay enrolled, members must sign an Applicant Responsibility form at the time of enrollment that states they will notify Central Health of any changes in income, family size, and insurance status or if they move outside of Travis County.

Next Steps

A detailed analysis of cost and utilization is being performed and will be presented to the Board in 2020.

Action Requested

This is an informational item, and no action is required.

Supplemental Documents

- Demographic Summary of MAP Population Renewal Patterns
- Ethnicity Summary of MAP Population

Extending MAP Enrollment From 6 to 12 Months Initiative Demographic Summary of MAP Population Renewal Patterns

Methodology:

- Study population includes all individuals with MAP coverage at any point during the last half of FY17 through the first half of FY18 (April 1, 2017 – March 31, 2018).
- Patients classified by renewal pattern for demographic evaluation: continuous, ≤30-day gap, >30-day gap, or no renewal within a one-year period of termination.

Results: Patient Characteristics According to Renewal Pattern

Table 1 provides demographic and clinical information among patients with continuous enrollment vs. those with coverage gaps or no renewals:

	ALL	Continuous	≤ 30-Day Gap	>30-Day Gap	No Renewal
Total	45,323	8,886	8,603	11,788	16,046
Gender					
Female	49.61%	56.09%	53.40%	49.58%	44.02%
Male	50.39%	43.91%	46.60%	50.42%	55.98%
Household Size					
Mean	1.89	1.94	2.06	2.00	1.71
Standard Deviation	1.46	1.41	1.52	1.55	1.36
Age					
Mean	41.66	46.81	44	40.08	38.71
Standard Deviation	15.29	16	15.67	14.61	14.21
Marital Status					
Married	23.00%	28.48%	26.73%	20.73%	19.64%
Single	52.25%	42.05%	46.14%	55.22%	58.99%
Divorced	11.46%	12.26%	11.53%	10.82%	11.45%
Separated	9.68%	11.42%	10.85%	10.21%	7.72%
Widowed	3.47%	5.72%	4.61%	2.97%	1.99%
Other	0.13%	0.07%	0.14%	0.06%	0.22%
Race/Ethnicity					
African-American	12.32%	10.27%	11.04%	14.22%	12.75%
Anglo	16.57%	16.07%	16.05%	16.55%	17.15%
Asian	3.90%	6.07%	4.75%	3.31%	2.67%
Hispanic	57.21%	62.60%	63.23%	59.34%	49.43%
Other/Unknown	10.00%	4.99%	4.92%	6.58%	18.00%
Language					
English	57.85%	49.10%	51.11%	58.74%	65.67%
Spanish	37.88%	46.37%	45.52%	38.36%	28.71%
Other	4.27%	4.54%	3.37%	2.90%	5.62%
Citizenship					
US Citizen	55.75%	47.19%	47.97%	55.52%	64.84%
LPR	7.20%	10.25%	8.16%	6.62%	5.41%
Neither	37.05%	46.56%	43.87%	37.86%	29.75%
Two-Plus Chronic Eligibility*					
Yes	19.23%	32.31%	29.94%	17.42%	7.58%
No	80.77%	67.69%	70.06%	82.58%	92.42%
	ALL	Continuous	≤ 30-Day Gap	>30-Day Gap	No Renewal

Homeless / \$0 Copay					
No	74.94%	83.11%	80.34%	72.82%	69.08%
Yes	25.06%	16.89%	19.66%	27.18%	30.92%
<i>Homeless</i>	78.58%	71.37%	71.75%	72.24%	86.60%
<i>Transitional Housing</i>	10.46%	12.16%	11.51%	12.37%	8.32%
<i>Permanent Housing for Homeless</i>	2.28%	4.91%	4.41%	2.68%	0.50%
<i>Other / Unknown</i>	8.67%	11.56%	12.34%	12.72%	4.58%
Income					
< 21% FPL	69.27%	66.14%	66.08%	70.30%	71.96%
21-50% FPL	16.79%	17.58%	19.66%	17.35%	14.41%
51-100% FPL	13.81%	16.16%	14.22%	12.27%	13.42%
101-150% PFL	0.06%	0.05%	0.02%	0.05%	0.08%
151-200% FPL	0.02%	0.05%	0.00%	0.02%	0.02%
> 200 % FPL	0.00%	0.00%	0.00%	0.00%	0.00%
Unknown	0.05%	0.03%	0.02%	0.02%	0.10%
Zip Code					
78767	10.72%	8.17%	10.17%	14.40%	9.71%
78617	10.93%	5.60%	5.72%	8.22%	18.68%
78753	9.34%	10.90%	11.05%	9.59%	7.43%
78744	7.17%	8.15%	7.83%	7.12%	6.33%
78741	6.40%	6.53%	6.90%	6.49%	5.99%
78758	5.84%	6.08%	6.60%	6.01%	5.19%
78724**	N/A (other)	5.06%	5.72%	5.12%	N/A (other)
Other	49.59%	49.50%	46.00%	43.04%	46.67%

* Two plus chronic eligibility reflects reporting of two or more chronic conditions as they relate to patient coverage eligibility criteria, and may thus underestimate the true fraction of two or more diagnosed chronic conditions in patients.

** For Zip Codes, only those with 5%≤ of patients are included. The 78724 zip code accounts for over 5% for three classes of patients, but not for those without renewals or the overall set, so individuals from that zip code are binned with “other” in the other columns.

DEMOGRAPHIC AND CLINICAL CHARACTERISTICS: MAP Patients Analyzed for 6 to 12 Months Enrollment Initiative by Ethnic/Racial Category

TOTAL POPULATION ANALYZED: 45,323

- Individuals enrolled in MAP between April 1, 2017 and March 31, 2018

AFRICAN AMERICAN: 5,585 total

- No Gap: 16.35%, Short Gap: 17.01%, Long Gap: 30.00%, No Renewal: 36.63%
- Gender: female 42.42% male 57.58%
- Age: mean 46.81, SD 15.99
- Homeless: N 59.98% Y 40.02%
- 2+ Chronic Condition Eligibility: N 76.60% Y 23.40%
- Household Size: mean 1.29, SD 0.877
- Language: English- 97.49 Spanish-0.32 Other-2.18%
- Citizenship: US Citizen- 94.13% LPR-1.99 Non-Citizen/LPR-3.89%

ANGLO: 7,512 total

- No Gap: 19.01%, Short Gap: 18.39%, Long Gap: 25.97%, No Renewal: 36.63%
- Gender: female 41.53% male 58.47%
- Age: mean 45.36, SD 12.29
- Homeless: N 57.06% Y 42.94%
- 2+ Chronic Condition Eligibility: N 77.16% Y 22.84%
- Household Size: mean 1.18, SD 0.672
- Language: English 98.16 Spanish 0.11% Other 1.73%
- Citizenship: US Citizen 98.40% LPR 0.81% Non-Citizen/LPR 0.79%

HISPANIC: 25,929 total

- No Gap: 21.45%, Short Gap: 20.98%, Long Gap: 26.98%, No Renewal: 30.59%
- Gender: female 56.30% male 43.70%
- Age: mean 39.95, SD 16.38
- Homeless: N 90.41% Y 9.59%
- 2+ Chronic Condition Eligibility: N 80.71% Y 19.29%
- Household Size: mean 2.30, SD 1.61
- Language: English 33.40% Spanish 65.78% other 0.81%
- Citizenship: US Citizen 30.81% LPR 9.05% Non-Citizen/LPR 60.14%

OTHER ETHNICITY (ASIAN, NATIVE AMERICAN, "OTHER"): 6,297 total

- No Gap: 15.59%, Short Gap: 13.21%, Long Gap: 18.52%, Non-Renewal: 52.68%
- Gender: female 38.11% male 61.89%
- Age: mean 42.99, SD 14.65
- Homeless: N 45.78% Y 54.22%
- 2+ Chronic Condition Eligibility: N 89.04% Y 10.96%
- Household Size: mean 1.62, SD 1.32
- Language: English 75.29% Spanish 1.29% other 23.42%
- Citizenship: US Citizen 73.56% LPR 11.78% Non-Citizen/LPR 14.66%
- Ethnicity: Asian: 28.05, Other 71.95%

* SD = standard deviation

* Two plus chronic eligibility reflects reporting of two or more chronic conditions as they relate to patient coverage eligibility criteria, and may thus underestimate the true fraction of two or more diagnosed chronic conditions in patients.



MEMORANDUM

To: Central Health Board of Managers
From: Monica Crowley, Chief Strategy & Planning Officer
Cc: Mike Geeslin, President & CEO
Date: December 12, 2019
Re: Agenda Item 14- 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. INFORMATIONAL ITEM

Overview:

Attached is a summary of the Medicaid Fiscal Accountability Regulation (MFAR) proposed rules. Monica Crowley, Chief Strategy & Planning Officer, and Jeff Knodel, Vice President & CFO, will provide an update at the December 18, 2019 Board of Managers Meeting.

Action Requested:

No action is requested.

KEY MFAR TAKE-AWAYS

The MFAR proposed rule, if finalized, could result in a dramatic shrinking of many state Medicaid programs by depriving them of traditional resources, other than taxpayer funding, to pay for the state share of program expenditures.

The rule would **restrict non-federal share funding** by:

- ❖ Radically limiting the types of local funding that can be used to finance the non-federal share
- ❖ Injecting significant new CMS discretion into oversight of non-federal share funding sources through measures that would allow CMS to:
 - Declare funding sources impermissible based on broad, malleable standards such as “totality of the circumstances,” “net benefit,” “undue burden,” “reasonable expectations,” and “associated transactions”
 - Scrutinize private relationships between private parties
 - Make decisions about the permissibility of funding based on CMS’ determination of the state of mind of state, local and private actors
- ❖ Granting CMS authority to overturn states’ designation of the governmental status of a provider
- ❖ Restricting the use of state agency appropriations (other than Medicaid appropriations)
- ❖ Imposing new standards and restrictions on the structure of provider tax programs
- ❖ Placing at risk current funding arrangements by characterizing some changes as “clarifications” of existing policy rather than new rules

The rule would likely result in a **reduction in supplemental payments** by:

- ❖ Imposing lower limits on supplemental payments to professionals
- ❖ Restricting permissible non-federal share funding sources, which typically support supplemental payments
- ❖ Granting CMS case-by-case discretion to determine that supplemental payments that are within upper payment limits fail to meet statutory standards of economy and efficiency
- ❖ Introducing uncertainty and instability into fee-for-service supplemental payment programs by requiring 3-year renewals

The rule also imposes **significant new administrative burdens** on states, providers and CMS itself through comprehensive new reporting requirements, without any clear indication of how the information will be used or whether CMS has the resources to effectively review the data collected.



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

December 18, 2019

REGULAR AGENDA ITEM 15

Take action to appoint an Acting Compliance Officer.



MEMORANDUM

To: Central Health Board of Managers

From: Mike Geeslin, President and CEO

Date: December 18, 2019

Re: Agenda Item 15: Approve the appointment of Monica Crowley, Chief Strategy & Planning Officer, as the acting Central Health Compliance Officer.

Background:

Central Health adopted their Compliance Program on May 28, 2010. As part of the Compliance Program, Central Health adopted policies and procedures, which address the elements of an effective Compliance Program, including the creation and appointment of a Compliance Officer. Pattie Miller was appointed to serve in the function of Compliance Officer on November 28, 2018. Ms. Miller left the organization earlier this year.

Function and Responsibility of the Compliance Officer:

The Compliance Officer function is responsible for oversight, monitoring and operation of the Compliance Program and reports the program progress and activities to the Board of Managers and the Central Health President and CEO as necessary.

Additional related responsibilities of the acting Compliance Officer include, but are not limited to the following:

- Routine presentation of Central Health contracted vendors to the Board of Managers to facilitate informed disclosure regarding potential conflict or duality of interest,
- Maintenance of Central Health Compliance Policies and Procedures to ensure they are regularly reviewed for relevancy with Central Health business operations, accuracy with current regulations, and clarity in language,
- Conducts employee and Board of Manager compliance and ethics training and education,
- Investigates any reported compliance violations, reported either directly to the Compliance Officer senior leadership or via the Central Health anonymous Compliance and Ethics Help Line,
- Serves as a compliance resource for employees and Board of Managers to address any regulatory, policy or other compliance and ethics questions and/or concerns.
- Works with human resources and the office of the CEO to post and hire a Compliance Manager who will:
 - Facilitate organizational compliance risk assessment to strategically identify potential risks and thereby inform the development of an auditing and monitoring work plan, as well as enhancement of organizational policies and procedures, and
 - Conduct auditing and monitoring activities to proactively identify and resolve identified violations.

Nomination and Appointment:

Pursuant to Central Health policy, the President and CEO nominates and the Board of Managers appoints the acting Compliance Officer. Mike Geeslin, President and CEO of Central Health nominates Monica Crowley to fulfill the function of acting Compliance Officer. Monica Crowley was previously the Compliance Officer of Central Health prior to October of 2015. She has the professional background and experience to fulfill this appointment. Her resume is attached for your review.

MONICA CROWLEY

monica.crowley@centralhealth.net

SUMMARY

Attorney and advocate years-experience supporting public entities, non-profits, and organizations in strategy, regulatory, legal and public policy matters. Expertise includes: health care payment reform, negotiating and enforcing health care agreements, state and federal Medicaid and Medicare policy, regulatory enforcement, government affairs, and building collaborations across diverse constituencies.

EMPLOYMENT

Central Health – Austin, Texas

June 2014 – present

Chief Strategy and Planning Officer

- Leads the development, design, tracking and reporting of service delivery and other organizational performance milestones and measures.
- Coordinates and oversees planning regarding the determination of Central Health's scope in bringing additional capacity to specific health programs.
- Leads the development of social determinants programs and continuation of ongoing policy work in support of long-term population health goals.
- Negotiates with key partners regarding foundational agreements and promotes alignment of strategic, financial and business objectives.
- Continues to serve as privacy officer.

Sr. Director of Strategy and Partnerships

- Engaged key partners, stakeholders and affiliates to facilitate partnership alignment with Central Health's strategic, financial and business development objectives.
- Served as subject matter expert regarding foundational agreements and supports tracking and enforcement of obligations pursuant to these agreements.
- Oversaw legal counsel and administration regarding Public Information Act inquiries, responses and filing/tracking systems.
- Supervised staff.
- Served as Central Health and CCC privacy officer.

Sr. Director of Communications and Compliance

- Managed communications team overseeing brand management, the development and maintenance of communication channels, media relations, public reputation management, and community engagement planning and programs.
- Served as compliance officer

Lone Star Circle of Care – Austin, Texas

2013–2014

Vice President of Strategic Communication and Policy

- Led a team of communications and policy professionals in developing strategic communications, advocacy, legislative and regulatory policy initiatives for a large federally qualified health center.

- Developed analytical products such as policy briefs and memos, research reports, commentary on proposed state and federal regulations, executive talking points, legislative testimony and presentations. Testified before legislative committees.

Austin Fund for Quality Healthcare – Austin, TX 2012
Executive Director

- Coordinated HealthyATX, the advocacy and community engagement arm of State Senator Kirk Watson’s “10 Goals in 10 Years” plan to transform health care in Travis County and support the creation of the Dell Medical School at The University of Texas at Austin in support of the mission of Central Health.

Texas Attorney General, Medicaid Fraud Control Unit – Austin, TX 2009-2012
Assistant Attorney General

- Prosecuted complex fraud cases involving Medicaid and Medicare providers.
- Directed teams of investigators and auditors.

Baron & Budd, PC – Dallas, TX 2003-2004
Attorney in Steve Wolens’ group. Litigated mass toxic tort lawsuits in Ohio and Pennsylvania. Supervised discovery and extensive medical records document review. Maintained client relations through case management and interpersonal contact.

U. S. Dept. of Justice, Antitrust Division – Dallas, TX 1996-2000
Special Assistant United States Attorney, N. Dist. Texas on detail from DOJ, Antitrust Division. Prosecuted felony violations of securities fraud, mail fraud, money laundering and narcotics laws.

Trial Attorney. Investigated nationwide and worldwide price fixing and bid rigging cartels involving some of the largest and most well known companies in the world through grand jury and trial.

Texas State Securities Board – Dallas, TX 1993-1996
Enforcement Attorney. Investigated and prepared state, felony securities fraud cases for trial.

EDUCATION

University of Texas School of Law, JD 1993
Austin College, BA 1990, Economics

VOLUNTEER & COMMUNITY ACTIVITIES

Current

Caritas of Austin: Vice-chair of the board of directors

Prior

PSC: Partners Seeking a Cure: Board member of non-profit providing research, education, and support for people affected by Primary Sclerosing Cholangitis, chair governance committee;
Austin College: Alumni board member; *Camp Fire USA Balcones Council:* Camp Fire Programs Advisory member; *PSC Paddle for a Cure:* Event Organizer; *Camp Fire Unplugged:* Club Steward



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BOARD MEETING

December 18, 2019

REGULAR AGENDA ITEM 16

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